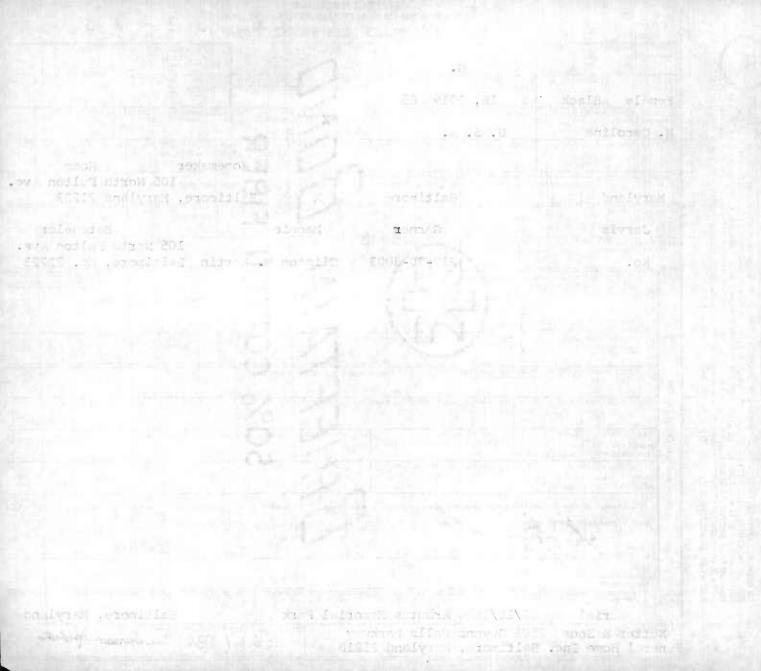
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1.	REGISTRAR			MED	ICAL	EXAMI	NER'S	CERTIFICAT	E OP DE	HTA	REG. N	10.	0	
	ECEASED NA	ME FIRST			MIDDLE			LAST		20. DATE OF	KNOWN X	MONTH	DAY Y	EAR 26 HOU
1	THE OK PRINTIN	Lillia	an		G.			Martin			MATED [	12/	14/9	84
3. SI	EX	4. RACE		TE OF BIRTH	YEAR	6 AGE (IN	YEARS IF U	NDER I YR. IF UI	NDER 24 HRS	PRONOUN	ICED	MONTH		YEAR 34 HOU
F	emale	Black	5	16,	1919	65	YRS.	DATS HOU	KS MIN	DEAD		12/	14/19	
	BIRTHPLACE FOREIGN COUNTRY		7b CI	TIZEN OF WH	AT COU	NTRY?	8. MARI	RIED X NEVER A	AARRIED 🗌	9 BALTIM	ORE CITY	OR COUNT	Y OF DEAT	Н
N	. Caro	lina		U. S.			WIDO	WED DI	VORCED	Balt	inore	e City	,	M
10. (	CITY OR TOW	OF DEATH		AME OF HOSE				HER INSTITUTION		MOST OF WOR		PE OF WORK	17b. KIND C	OF BUSINESS OUSTRY
		timore		Bon Sec	cour	Hospi	tal			memake			Home	
	JAL RESIDENC STATE	E (IF IN NURSING HO		INSTITUTION, GIV		E BEFORE ADMIS	SION)	13d. INSIDE CITY LIM	1152 13e STR	REET ADDRE	ss 105	North	Fult	on Ave.
	Maryla		13 P		Bal	timore		YES NO				ryland		
14.	FATHER'S NAM	AE	MIDDI	I.E		LAST		15. MOTHER'S A	AAIDEN NAME	E	NIDDLE	1	LAST	
	Jarv:					arner		Maggi	.e				Batche	
160.	WAS DECEAS	ED EVER IN U.S.	ARMED FO		16b. SO	CIAL SECUR	ITY NO.	17. INFORMANT						n Ave.
	No.				217	-30-30	03	Clinton	M. Ma	rtin	Balt	imore,		
	18 CAUSE	OF DEATH (Enter	ISED BY.					15000	- (-)				BETWEEN	ONSET AND DEATH
	10011	IMMED	DIATE CAU					Cardiova	scular	Disea	ise	- 1		
	Candia	and if you wh		DUE TO, OR	AS A CO	NSEQUENC	OF							
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		<ul> <li>a) stating the <u>und</u></li> <li>b) und</li> <li>c) und</li> <li>d) und</li> <li>d) und</li> <li>e) und</li> <li< td=""><td>der-</td><td>DUE TO, OR</td><td>AS A COI</td><td>NSEQUENCI</td><td>OF</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></li<></ul>	der-	DUE TO, OR	AS A COI	NSEQUENCI	OF							
	2.00			(c)				Page 1916					}	
Z		SIGNIFICANT CONDISS	UNS CONTRIR	UTING TO DEATH R	UT NOT REL	ATEO TO THE TE	RMINAL OISEA	SE OR CONDITION GIVE	IN PART 1 tot.					
d ₹	190. DATE C	OF OPERATION		196 CONDIT	ION FOR	WHICH OP	RATION	WAS PERFORMED?	?				20 AUTO	PSY?
E SE													YES	□ NO X
CERTIFICATION	210 EXTERM	VAL CAUSE WAS		216. TIME OF		. 544	21c. +	HOW INJURY OCC	URRED LENTER	NATURE OF INJ	IURY IN ITEM 18	8 PART 1 OR PAR		- NOAL
		G OR	OF DEATH	HOUR A.M.	MONTH	DAY YE.	AR							
MEDICAL	21d. INJURY	OCCUPPED		21e PLACE O		(AT HOME,	216 LC	OCATION						
2	AT WORK	NOT WHILE	. 🗆	STREET, FACTO	JKY, PARM,	EIC.)		STREET		CITY OR TO	WN	COU	NTY	STATE
		rtify that I took ch		e remains desc	ribed ab	ove, held on	Auto	psy Inse	pectian X,	Inquiry		and in my op	inian	
			atura eaus		Acident		ouicide [	Hamicide		termined mo			man	
	- Annual Control	1	1					TITLE (SPECIF						
	ACTUAL SIGNATUR	X	10			1 66		w.o. Assist		ICAL EXAM	AINER	DATE	12	/14/84
	EXAMINER'	Chlane							,	TOTAL BARAN	717 Th 11	3101461		
	(TYPE OR PI	RINT) G	regor	y R. Ka	auffi	man, M	D.	_ADDRESS	111 Per	nn St.				
230.	(SPECIFY)	ATION, REMOVA						OR CREMATORY	City	OCATION		COUN		STATE
_		urial						rial Park				timore		yland
		& Sons		Gwynn					DEC 1	7 100	R 25b REC	Davids	GNATHRE AND	her.
Fu	neral H	dome Inc.	. Bal	timore	, Ma:	ryland	2121	16	DLU I	1 1304	1/20	2 12 22 (40)		



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

executed within 24 hours ofter death. Page 4 may be

ond completely filled in by the funer oges 1 and 2 should be files within 7

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medica

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL YGIEN
CERTIFICATE OF DEATH

3297

FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		1 4
I DECEASED NAME FIRE	ST MIDDLE	LAST	REG. NO.  20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) MAF	RTHA Ann	MARTIN	December 5,	1984 4-33pm
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Dec 21 191		MONTHS DATE HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT CO	UNTRY? 8  MARRIED NEVER MARRIE	9 BALTIMORE CITY OR COUNT	TY OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCE		ity MD
Baltimore	CIENOT IN SUCH FACILITY O	NURSING HOME OR OTHER INSTITUTIO	TYPE OF WORK FOR MOST OF WORKING HOMEMAKET	126. KIND OF BUSINESS OR INDUSTRY
	OME OR OTHER INSTITUTION, GIVE RESIDE COUNTY 13c. CITY Bal	NCE BEFORE ADMISSION) ORTOWN TIMORE YES X NO	272/1 110 20 0 20	DE Ave. 2/22
14. FATHER'S NAME FIRST Harry	H. How	ell 15. MOTHER'S MAID!	WIDDLE	Mitchell
160 WAS DECEASED EVER IN U	.S. ARMED FORCES? 166 SOC YES, GIVE WAR OR DATES) 218	05 0150	ADDRESS	
PART 2. OTHER SIGNIFIC	DUE TO, OR AS A CO	ONSEQUENCE OF	ctive Pulmon Discase	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYI	196. CONDITION FOR	R WHICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OR CONTRACTOR CHIEF	OF DEATH HOUR A.M. MON		OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART T OR PART 2)
THE NOTIFY MEDICAL EX	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		CITY OR TOWN	COUNTY STATE
saw the deceased of above, (1) (we) (did) (	hospital) ottended the decease ive on did not) view the body after dear	th. 19, and that in (my) (our) o	pinion death occurred on the date and he	
27h SIGNATURE	kares		NING MEDICAL STAFF	12/05/84
Sambandam	Baskaran, M.	D. 3455 Wil	kens Avenue	
230. BURIAL, CREMATION, REM	OVAL 236. DATE 12/8/84	Glen Haven Nem	_ CITY OR TOWN	A.A. Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

George J. Gonce 4001 Balto 21225 Ritchie Hgwy

Burial

Glen Haven Mem Glen

Burnie 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Tairdam Bondace

115/3 / 100

BP

DHMH - 16 60M 7/84

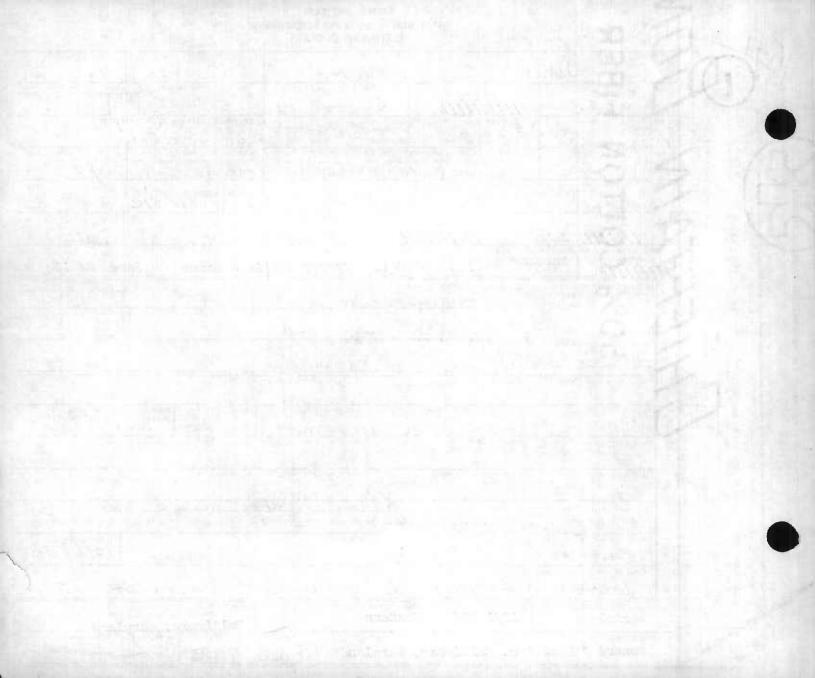
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FOR STATE

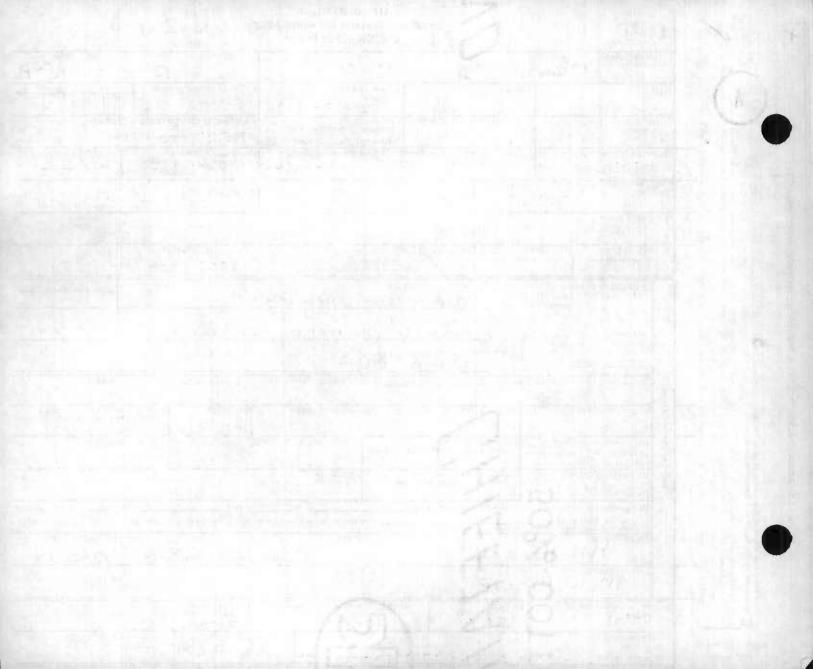
STATE OF MARTLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E						
CERTIFICATE OF BEATH							

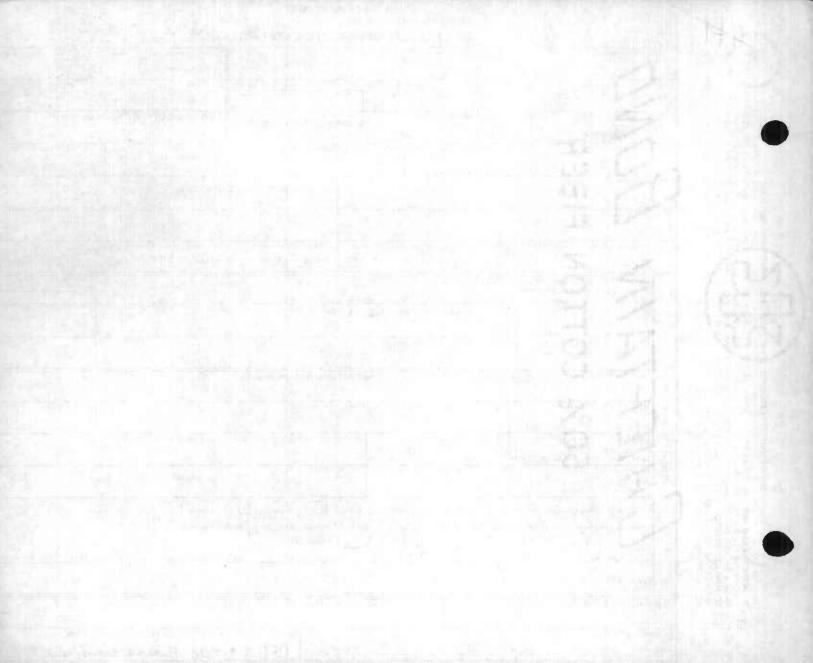
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REGISTRAR		REG. NO.	
1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
John S	mason	12	6 84 5 AM
1 SEX 4 RACE White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
wall applicate	MONTH DAY YEAR	2 52 YRS	MONTHS DAYS HOURS MIN.
	COUNTRY? 1	9 BALTIMORE CITY OR COUNTY	OFDEATH
COUNTY)	MARRIED NEVER MARRIED	_ //	4
IL CITY OF TOWN OF DEATH 111, NAME OF HOSPIT	AL NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD.
(IF NOT IN SUCH FACILIT	Y, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LI	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RES	101 Marylana Cancer	electrician	2500
	TY OR TOWN 136 INSIDE CITY LIMITS		
	Itimore YEST NO	12113 Lake Ave	5 diail8
	Mason 15. MOTHER'S MAIDEN	MIDDLE	A LAST
EXMENT John (Ida	Hddder Marga		Dukor
66 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SC (YES NY CHINNOWN) (KOY CAN OR DATES)	CIAL SECURITY NO. 17 INFORMANT	ADDRESS	
LANANGUEM ROTEAN 213	2 28 1832 Chapter 3	Tulia M Mason S	Same As 13e
18 CAUSE OF DEATH (Enter only one cause per line for	rta), (b), and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)	Sangunatun		1/2/00
	CONSEQUENCE OF		
	strointestinal bleed		124 hr
gove rise to immediate			
underlying source last	consequence of Aphageal Caranom	14.	lomo
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB		<del></del>	
	BING TO DEATH BOT NOT KEEKIED TO THE II	ERMINAL DISEASE OR CONDITION GIV	CIA IIA FARI 110
190 DATE OF OPERATION 196 CONDITION F  190 DATE OF OPERATION 196 CONDITION F  210 ACCIDENT WAS UNDERLYING 1 216. TIME OF INJUL	OR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
5 6/84 BODA	- 22 - 1 02 - 24 - 24		FYING CAUSES OF DEATH?
21g ACCIDENT WAS UNDERLYING 216. TIME OF INJU	RY THE CAPELLERY OF	CURRED (ENTER NATURE OF INJURY IN ITEM 18	
	ONTH DAY YEAR	CONTED (ENTER NATIONE OF INJUNE DATE IN THE	PART OR PART 2)
OR CONTRIBUTION C LOUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d IN JURY OCCURRED  21d IN JURY OCCURRED  (AT HOME, STREET, FACE)	19		
21d INJURY OCCURRED 21e. PLACE OF INJURY ON THE CATHORIES TREET, FACT	URY TORY, OFFICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY
AT WORK AT WORK			
220 I certify that (I) (this hospital) attended the deces	rai	Ry to Dec. b	19_8.7. that (I) (we) lost
obove, (1) (wey/did/ (did not) view the body after d	eath. 19 84 , and that in (my) (aur) apin	ian death accurred on the date and hou	ir and from the causes stated
226. SIGNATURE	DEGREE		220 DATE SIGNED
Baileara U. Corll	ey MO ATTENDING PHYSICIAN		12/6/84
224 PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS		
BARBARA A. CONLE	EY MD UMCC 3	12 S. Greene	St. Balto Mo
230 BURIAL, CREMATION, REMOVAL 236 DATE	231 NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	
(SPE Burial 12/10/84	Western	Baltimore, Ma	COUNTY STATE
4 FUNERAL DIRECTOR	250	DATE REC'D. BY REGISTRAR 256 REGIST	TRAR'S SIGNATURE
Leohard J Ruck Inc. Balti	ADDOCCC		andson-Randall
		504	.,

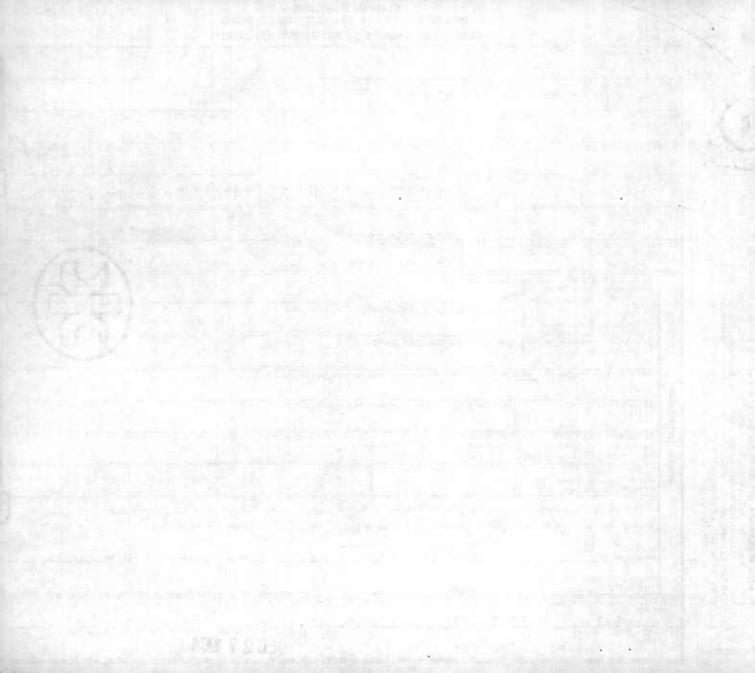


James A. Morton & Sons 1701 Laurens St

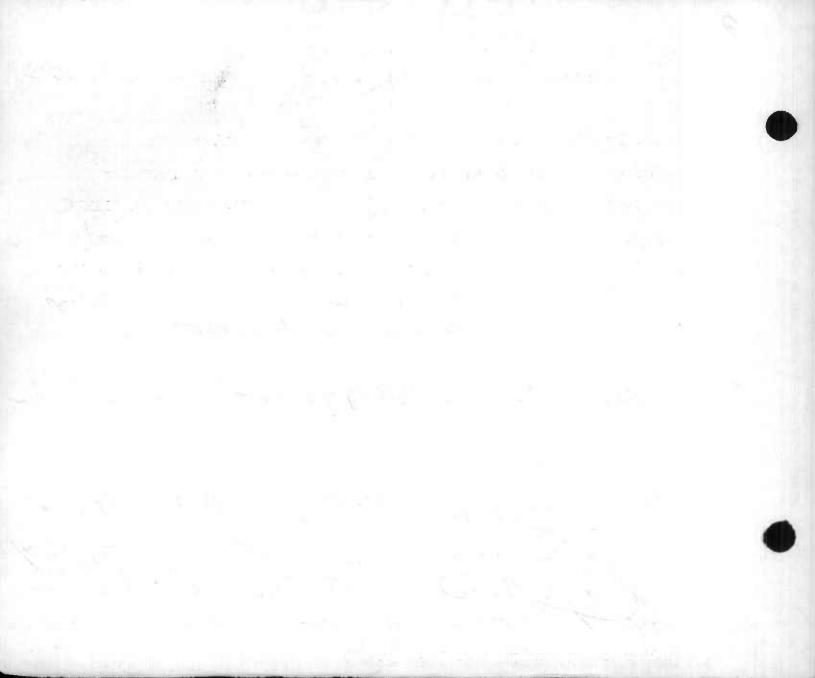




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAN REG NO L DECEASED NAME 20. DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINT) DEATH MATED Charles 12-23 1984 Massenburg A. 4. RACE S DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c DATE 74 HOUR 25 BIRTHDAY 11:03PRONOUNCED 39 Male Black Apr. DEAD 12-23 1984 a.M TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWED [ DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 126. USUAL OCCUPATION STYPE OF WORK 126. KIND OF BUSINESS. II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore 2402 W. Franklin Street USUAL NE. USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Balto. 13d. INSIDE CITY LIMITS? 4114 Boarman Ave. 113b COUNTY YES X NO [ 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Davis Charlie Massenburg Lauerne 16s. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS IYES NO. OR UNKNOWN) CIE YES GIVE WAR OR DATES 212-34-8117 Lauerne Massenburg 4114 Boarman Ave 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Gunshot wound of Chest DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YESXX NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 11:00xx 12-23 1984 subject shot by police 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 2402 W. Franklin St., Balto., Maryland House PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 3 Autopsy XX 228. I certify that I took charge of the remains described above, held an Inspection and in my apinion Homicide XX death resulted from Notural causes Accident Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 12-24-84 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 12-29-84 Woodlawn Cem Balto. Md. 07/84 DEC 2 7 1084 Fund James Significants 25M 24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North **DHMH - 17** (VR A15 ME (5))



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gale products	0.			
	(Consequence)			
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and the state of the contract	Anthony P.	93:0-0:-(		
10 - 181 - 191 - 18 - 18 - 18 - 18 - 18 -				
rd Home Delviscos principal numb			mainthus agains	
bhallan scalting		2007 1961 1965	Inl W	42-
	mulça	belilimore.	Least in district	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filed within 72 hours oftowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

rio burial, cremation, or remayal. injury, or other troumatic event, the medical examiner must be notified of once.

MPORTANT: If Nem 21 is marked or Item 18 shows any

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

Kity	-	-	0	
3	Car	7	5	3
DEC.	NO			

		REGISTRAR				CERTII	ICAIL OI	DEATH	REG. NO	).		
		CEASED NAME OR PRINT)	Graft		D.		ATTHEW	'S	December			25. HOUR A 11:50 A
0	3. SEX	Male	4.	RACE Blac	k	S. DATE C		5°EAR	6. AGE (IN YEARS LAST BIRTI		UNDER TYEAR	
6	7a. BII	RTHPLACE (STATE OR COUNTRY)	FOREIGN 76		WHAT COUNTRY?	MARRIE WIDOWE		MARRIED X	9. BALTIMORE CITY OF Baltimore	COUNTYO	FDEATH	MD.
8		TY OR TOWN OF DE	ATH 11		HOSPITAL, NURSII BIFACILITY GIVE STREET Land Gene				120 USUAL OCCUPATION OF WORK FOR MOST OF		12b. KIND C INDUSTRY	OF BUSINESS OR
5	USUA 13a S	AL RESIDENCE IN NUR STATE MD	SING HOME OF OT		Baltime	MN	YES 💽			zip code n St.	2120	01
0		Milton		DDL€	Matthey		M	's MAIDEN NA/ egnoli	a JOOLE		Pri	ince
	16a W	VAS DECEASED EVER	(# YES, GIVE W		166 SOCIAL SEC		Milt		thews 4618		ole H	Hall Rd.
	8	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only VAS CAUSED I IMMEDIATE	BY:	Ine for (a), (b), or Anoxic E		alopat.	hy			BETWEEN	XIMATE INTERVAL NONSET AND DEATH
		Conditions, if ony gove rise to im couse (a), stati underlying couse	mediate ng the e lost.	(c)	R AS A CONSEQU RESPITA R AS A CONSEOU	ETOTY					1250	
	NO	PART 2 OTHER SIG	NIFICANT CO	nditions <u>c</u> e	Chronic			D TO THE TERM re;	INAL DISEASE OR CONE History Intravenous	Dr <b>ij</b> g A	IN PART II	0,
7	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF		20a AUTOPSY?	20b. IF YES, V	VERE FINDI	
7	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	Р.	M. MONTH D M.	AY YEAR	21c HOW II		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	T OR PART 2)	
	MED	WHILE NOT WAT WORK	HILE [7]	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE,		STREE	Т	CITY OR TOW	100	COUNTY	STATE
		sow the decease obove. 20 (we) (	ed alive on	December the body	ber 4 19_after death.	84 . 01	DEGREE		4 , to Decemble death occurred on the do		nd Irom the	that 🔏 (we) last couses stated E SIGNED
1		22d PHYSICIAN'S N Henri	AME (TYPEORP	RINT)	M.D.		M.D.	PHYSICIAN [	DIRECTOR PHYSIC	IAN 📈		J, 1884
1		BURIAL, CREMATION		23b. DATE	23 t		EMETERY OR	CREMATORY	23d LOCATION Balti	Pa	OUNTY	MD <sup>18</sup>
		Burial		12/8/	84 1	Mt. Z	ion C	em.	Baiti	MOTE		LID

DHMH - 16 50M 4/83 (VRA 15, 4) Wm. C. March F/H 1101 E. North Ave.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

C 6 1084 Julia Davidson Pa

party thinks I have

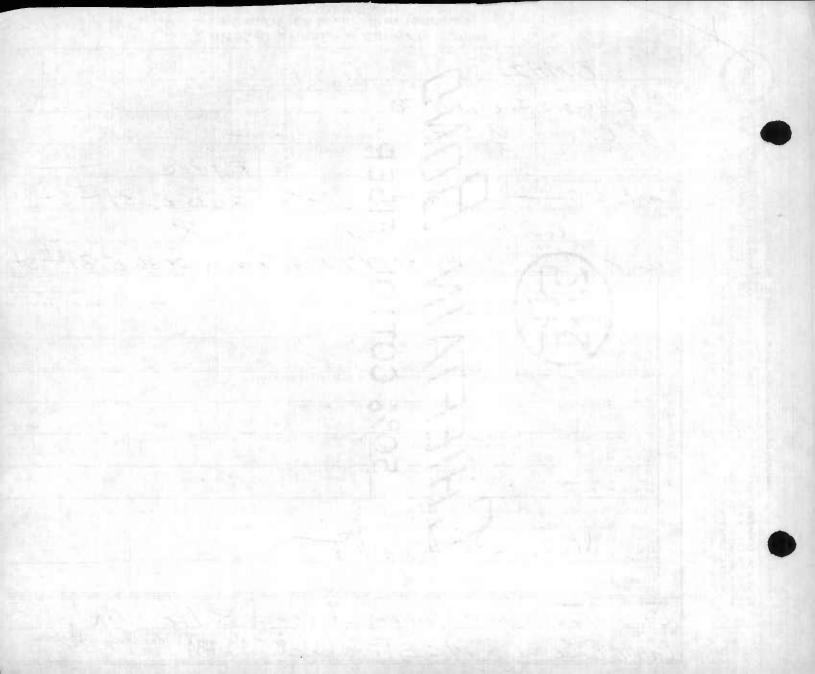
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1	1.	STATE REGISTRAR	ah o			CERTIF	EALTH AND I	EATH	REG. I	2 9	8 /	
0 t 3	DEC	FUSES HANGE	irst LDE	SPINA	DDIE	NAURE	ast aniko	LAS	20. DATE OF DEATH	1Z	3 84	415AN
Her d	. SEX	Female	4.	RACE White		S. DATE C		*ô2	6. AGE (IN YEARS LAST B	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN,
197		THPLACE (STATE OR FOR FUNTRY)	EIGN 71	U.S.A		? 8 MARRIE WIDOWE	D DN	AARRIED	9. BALTIMORE CITY Baltimo	OR COUNT	Y OF DEATH	MD
18/	0. CT	Baltimore		Francis				enter	12g. USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING L	12b. KIND OF INDUSTRY, At He	BUSINESS OR
must be	JSUA 13046	L RESIDENCE (IF HURSING TATE Tryland	HOME OR O	THER INSTITUTION, G	Bactim	WN WILL	13d. INSIDE C	ITY LIMITS?	13 STREET ADDRESS	ern Av		
examine	4 FA	Emmanuel	MI	DDLE	Pamfili	1		MAIDEN NA FIRST <b>matina</b>	WE	9	apanico.	
medical		AS DECEASED EVER IN ES, NO OR UNKNOWN) (			214-58-		Theodo	ne Mav	ronikolas	6226 E	astern i	Ave. 2122
emovol.		18. CAUSE OF DEATH ( PART I. DEATH WAS		one couse per li BY: CAUSE (o)	ne for (0), (b), o	ond (ci.)					BETWEEN O	MATE INTERVAL INSET AND DEATH
oumotic e		Conditions, if ony, w		DUE TO, OR	as a consequence St	UENCE OF					10 de	
ather tre		gave rise to immed cause (a), stoling underlying cause	the		AS A CONSEO							
to burio	NO	PART 2. OTHER SIGNIF	ICANT CO	ONDITIONS COM	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COI	NDITION GI	VEN IN PART 110	
ows only	CERTIFICATION	19e. DATE OF OPERATIO	2	19b. CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN	GS USED OF DEATH?
		218. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	21b. TIME OF HOUR A.M	. MONTH	DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN			
ked or #	MEDICAL	214, INJURY OCCURRED  WHILE NOT WHILE AT WORK	)	21e. PLACE O			211 LOCATIO STREET	N	CITY OR T	OWN	COUNTY	STATE
21 is mor		22a.1 certify that (I) the	olive an_	12-13/84	19		d that in (hy)	19 64 (our) opinion	death occurred on the	dote and ha		hat (I) (we) last
te Dept.		obove, (1) (we) (did 22b. SIGNATURE 10W4 FEL	lna	) mo	Ph D		DEGREE	TTENDING PHYSICIAN [	MEDICAL STA	AFF ICIAN D	121. DATE S	IGNED
with the Sto		EVA L. F	eldn	van			1220 ADDRES	5	NS UNIVERSI		EAT OF N	WROLOG
3 3 2	3a. B	URIAL, CREMATION, RE.	MOVAL	23b. DATE 12-6-8	230		Orthode	REMATORY	Woodlawn	Bal	to (o. 1	M J STATE
	4 FU	NERAL DIRECTOR  LIVES S.Zei	ler 8	San In	c 6224°			25c. DAT		1 4	TRAR'S SIGNATU	Pandser.

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	EESTH. IF ANY DELAY IS NECESSAR EEST, 2, AND 3 TO THE FUNERAL D A PM. 3. RETAIN PAGE 5 FOR YOU AND 2 SHOULD BE FILED. WITHIN YZ F. XIJAI RECORDS(20) W. PRESTON		N. C. TY OR TOWN OF DEATH	U, S; A,  II NAME OF HOSPITAL, NURSING HOM  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	WIDOWED DIVORCE		
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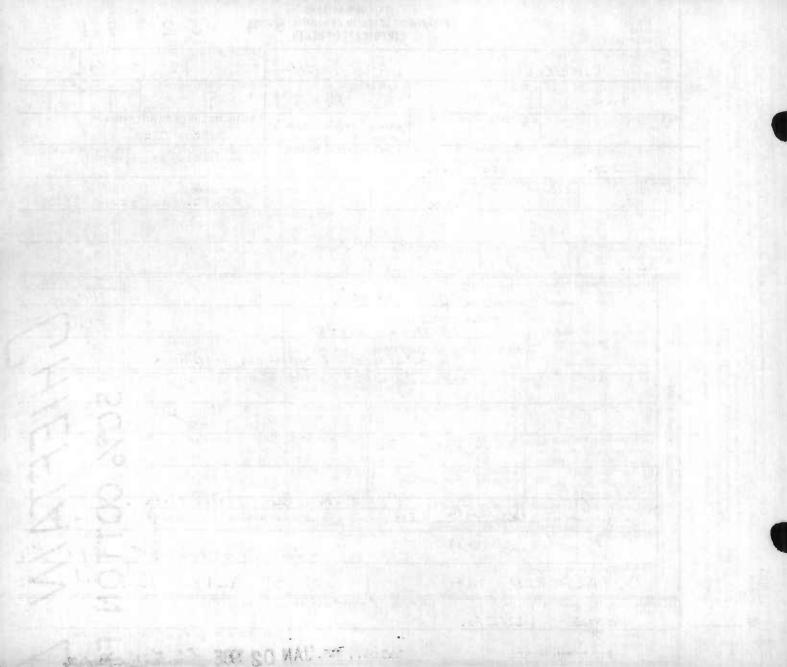
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH MONTH TYPE OR PRINTIN 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 29 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) Battimore WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g. STATE 13b. COUNTY 13CCITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE hnson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO IYES. NO OR UNKNOWN) inda APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting Cancer underlying couse lost. ITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NO.4 YES [ NO F 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21¢. PLACE OF INJURY 211. LOCATION 0 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from NONE sow the deceased alive on\_ \_\_, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. DEGREE ATTENDING MEDICAL STAFF old be deta h the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22ª ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Baltimore Co., Md. Burial 12/27/84 King Memorial Park 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 256. TEGISTRAR S. SIGNATURS

AUTHOR DAY COMPANY OF THE PROPERTY OF TH DHMH - 16 50M 4/B2 1101 E. North Ave. Wm C March F/H (VRA 15, 4)

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and 2 sh	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST		
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¥ 5 3 <b>3</b>	23a. 6	BURIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 12/25		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE		
- 16 50M 4/82 /RA 15, 4)	24 F	UNERAL DIRECTOR NAME Anatomy B		ADDRESS	Balt	0., Md. JAN	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGN	ATURE		



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			EASED NAME FIRST	M	IDDLE	į.	AST	REG. N 26 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR				
a Al		(TYPE	Claude	I	. Мо	McCorkle		December	30, 19	1984 <sub>M</sub>				
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O HOSPITAL etained by th TO FUNERAL should be det	MPORTANI		22d. PHYSICIAN'S NAME (TYPE OF	Parham	T4 4D		3100 Wymu	in Park Dr	Balts	md 21210				
βP	≥	23a E	URIAL, CREMATION, REMOVAL Burial	23b. DATE 1/5/85			emetery or cremator ille Cem.	23d LOCATION CITY OR TOWN Cassv	ille cou	ONLY STATE				
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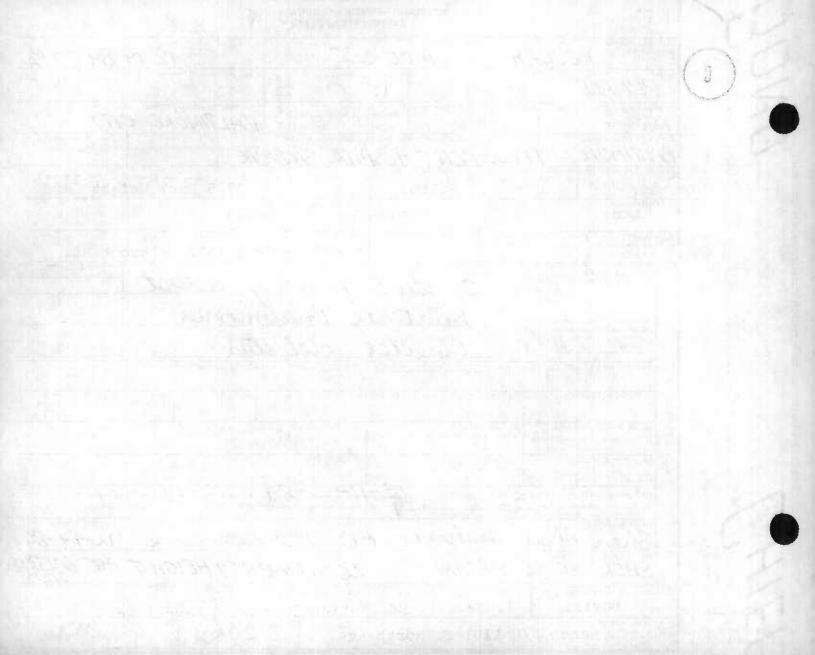
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	AAN BEE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 io.										
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المنا ولم		Baltimore	(IF NOT IN SUCH FACILITY, GIVE 432 S. Bon		et 21224	Ware-hou		Balt. Bev. I:
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician.  Viter this certificate has been signed by the oftending physician and completely filled in by as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be fill th and Mental Hygiene prior to burial, cremation, ar remayal.  orked or Item 18 shows any injury, or other traumatic event, the medical examiner must be as	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		./	ociliai,	2122
De la Paris		Maryland 136. COU	NIY 13c. CITY OR Baltin		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 432 S. Bor	seal St	, Balt., Md
YLA YLA 2 sho	14, E.	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	isai ot.	
MAR mple	-	Carroll	MIDDLE LAS	Cready	Rachael	MIDDLE		Riggin
ond cor		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS	21224
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(VRA 15, 4)		NAME TIT - TA TO T	ADD	RESS	n n	C 26 H	June 1	Manage .

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1		FOR	DEDARTM		E OF MARYLAND	IFAIF 007		w/h 1170	2011
0	1 -	STATE REGISTRAR	DEPARIM		ICATE OF DEATH	REG. NO.	. 9	9/	16.32
	I. DEC	CEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH MO	ONTH DAY	YEAR	26 HOUR
	(TYPE	OR PRIN() Lillian )	Lelea McD	aniel		12	19	84	M
	3 SEX	X	4 RACE	5 DATE O		6. AGE (IN YEARS LAST BIRTHO	AY) IF U	INDER I YEAR	IF UNDER 24 HRS
	F	emale	Black	MONT	2 010 63	81	YRS.	DATS	HOURS MIN.
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0	100	Balto.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 337 E. 20th St	G HOME (		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		126 KIND O INDUSTRY	F BUSINESS OR
2	713a. S	Md 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS?	337 E. 20	P CODE	St. 2	21218
30	14 FA	James	Martin		Eliza	WE	Tor	ny LAS	
1	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECUI		17. INFORMANT 5-A Gloria	ADDRESS a Pompey 10		Aug	rusta Av
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2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, W CERTIFYIN YES		
9	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE ON ON WHILE  AT WORK  AT WORK		19	211 LOCATION STREET	RED (ENTER MATURE OF INJURY I	<u> </u>	OR PART 2)	STATE
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L		FREDERICK	J SETTON 1	711)	22 S &	Seen St	Ba	Ch m	1 21201
	- (	Burial, Cremation, Removal Burial	12-24-84 23c N		emetery or crematory	23d LOCATION CITY OF TOWN Balto	. Md	OUNTY	STATE
,		wheral director  March F/H	1101 E. Nort	n Ave		E REC'D. BY REGISTRAR 25	REGISTRAR	SSIGNAT	andell.

DHMH - 16 50M 4/83 (VRA 15, 4)

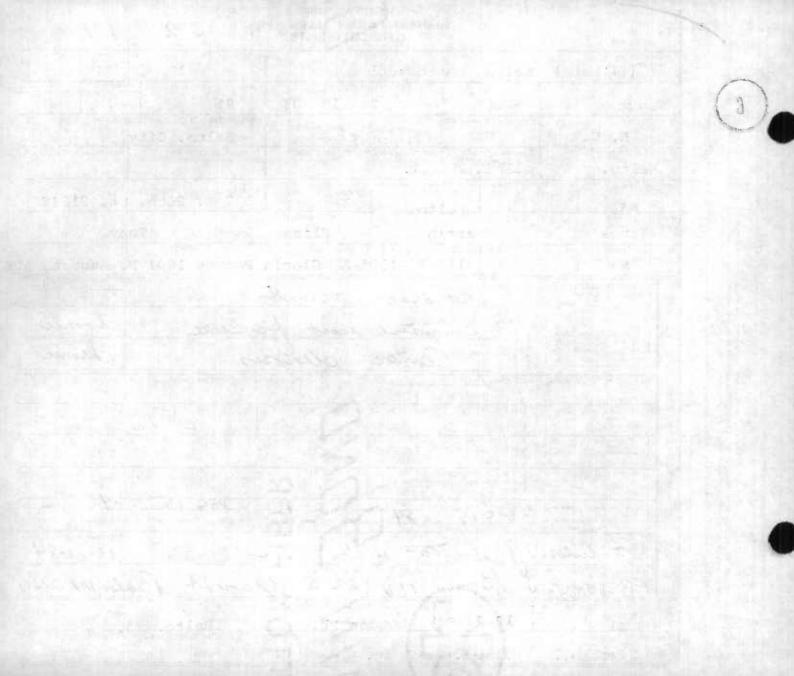
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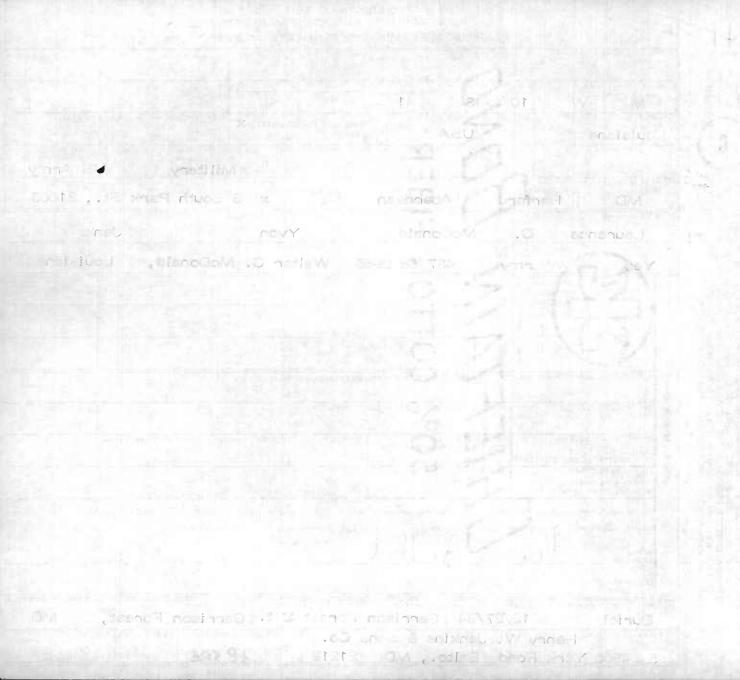
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TO HOSPITAL OR ATTENDING PHYSICIAN: The

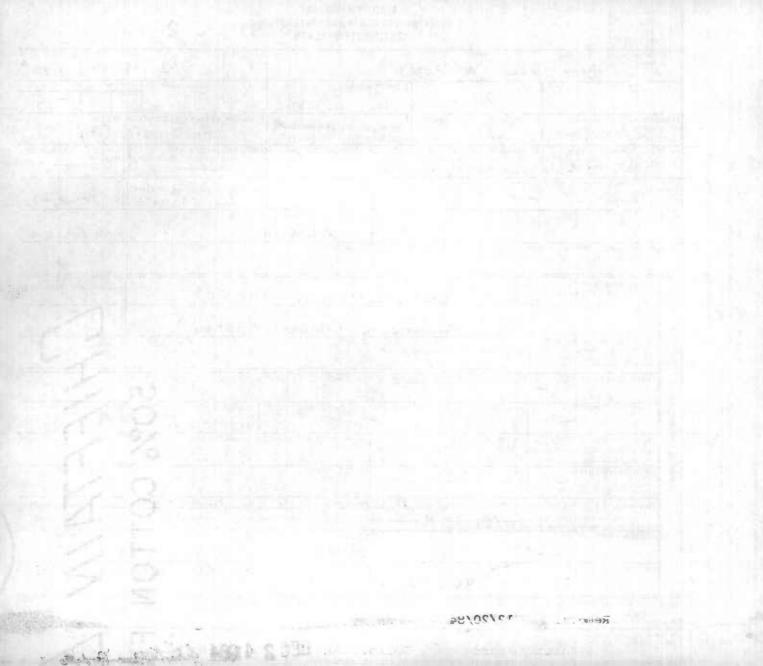
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	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL BY CERTIFICATE OF DEATH	GIENE 3	2 9 9 9
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ge 4 may be ector, page 3 rs ofter death	3. SE		1. RACE Black	S DATE OF BIRTH  MONTH DAY YEAR  12 12 84	6. AGE (IN YEARS LAST BIRT	HDAY)  IF UNDER 1 YEAR  MONTHS DAYS HOURS A  YRS.
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Z - 2 5 0 .5		22a.1 certify that (1) (this haspi saw the deceased alive on above, (1) (we) (did) (did no		Ch. I		te ond hour and from the couses stated
OR he ho DIRE tocher		22b. SIGNATURE	nu .	MBBS, MO ATTENDING PHYSICIAN [	MEDICAL STAF  DIRECTOR   PHYSIC	12/3/8 h
etoined by the TO FUNERAL should be detained with the State		224. PHYSICIAN'S NAME (TYPE O	RPRINT) VJIV SUR, M.	BBS, MD 220 ADDRESS 2935	Guilford Ave,	Baltimore, MD 21218
BP		SURIAL, CREMATION, REMOVAL REMOVAL	236. DATE 23c. 1 12/20/84	NAME OF CEMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	INERAL DIRECTOR NAME Anato	omy Board ADDRESS	Balto., Md. QEC	TE REC'D. BY REGISTRAR	Sb. REGISTRAR'S SIGNATURE



1/2 A				STATE OF MARYLAND		
7	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTACHY CERTIFICATE OF DEATH	GIENE 3 3	0 0 0
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by the		Baltimore City	University of	maryland Hospita	\ unemploye	a
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ATTE Sprite CTO GTO J for af for			it) view the body after death.		death accurred on the date and	hour and from the causes stated
OR DIRE		22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
ITAL by the RAL State	1	22d. PHYSICIAN'S NAME (TYPE C	erner my	PHYSICIAN		121584
OSP UNE Id be the S			OR PRINT)	22e ADDRESS	2. 1	1 10 -1 \

DHMH - 16 60M 7/B4 (VRA 15, 4)

eroy O. Dyett 4600 Liberty Hats. Ave

230 BURIAL, CREMATION, REMOVAL

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Archibald McGee    Ida Mae Green   Ida Mae Green   Ida Morgon   Ida Mo	a	I4 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NA	WE	A IDDIE		241	21612
The constitution of the	M	1	Archibald				Id	a	M			Gre	en
18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c.)   PART I. DEATH WAS CAUSED BY.   IMMEDIATE CAUSE (a)   IMMEDIATE CAUSE (b)   IMMEDIATE CAUSE (c)   IMM					SOCIAL SECUI	RITY NO.	17 INFORMA	ANT		ADDRES	S		
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OR CONTRIBUTING CAUSE OF DEATH    HOUR A.M. MONTH DAY YEAR   19	1	RTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH		WAS PERFO	DRMED	200 AUTOF	PSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
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22a. I certify that (I) this hospital attended the deceased from 19 4, to 12 19 4, to 12 19 4, that (I) we) low sow the deceased clive on 19 4, and that in my (our) opinion death occurred on the date and hour and from the causes stated obove (I) (we) (I) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	7	MEDICA	21d. INJURY OCCURRED	21e PLACE OF			211 LOCATION STREET	ON 1		CITY OR TOW	N	COUNTY	STATE
KEITH SCHRODER, M. D.  130. BURIAL CREMATION, REMOVAL TO DATE  130. NAME OF CEMETERY OR CREMATORY  130. LOCATION 1			22a. I certify that (I) this has sow the deceased plive or above (I) (we) Glid (did ) (27b. SIGNATURE	Shale	ter death.	84_, one	I that in my	ATTENDING PHYSICIAN	death occurred	on the dot		and from the	SIGNED
Total Properties   Total Prope													
	STATE												
		M		on, 10 W	. Pador	nia Rd	. 2109		LU 3.	1904	U		



1101 E. North Ave.

C. March F/H

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALPHYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE

(VRA 15. 4)

Table 1991, NUMBER 1991

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2		Sadie		Mª GEE	1.105	12 29 84 9
0	3. SE	-	4. RACE	S. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS
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14	1	DUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NOVORCED	Balto (	id-Q
	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) OSISSICS	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
35	USU. 13a S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136 CITY OR TOWN	E ADMISSION) 13d INSIDE CITY LIMITS? YES YES NO	13 STREET ADDRESS /	ZIP CODE ST 2
E	14. FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST
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ŏ	MEC	270. I certify that (I) (this hosp sow the deceased alive or	12/29 19	and that in (my) (our) opinio	1., to	ate and hour and from the causes
Hem 21 is marked or	MEC	22a. I certify that (I) (this hasp	12/29 19	DEGREE		ate and hour and from the causes :
ō	MEC	220. I certify that (I) (this hosp saw the deceased alive or above. II) we idial idia m	12/29 19	DE GREE ATTENDING	1, to	
If frem 2   15 marked or		220. I certify that (I) (this hosp saw, the deceased alive are above. (I) (we) (did) (did in the stock of the	ot men)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	22c DATE SIGNED

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE John Thomas McGuire REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MONTH 26. HOUR (TYPE OR PRINT) Toth 84 Thomas 12 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) male MONTH 1926 BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Waryland WIDOWED DIVORCED [ IN CITY OR TOWN OF DEATH M. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Balto. General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore truck driver chem.company 130. STATE 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 21122 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) Gertrude McGuire (same as 13E) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10). Hetastatie Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF in Land of Right could A couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERALION 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [ 716. TIME OF INJUS HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IE EITHER NOTIEY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased fram sow the deceased alive an\_ and that fin (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (H) (we) (did not) view the bady after deoth. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPEOR PRIN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION burial Md. Wets. Cemetery Crownsville 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Baltimore George Gonce (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CATE OF DEATH MEDICAL EXAMIN REGISTRAR REG. NO DECEASED NAME FIDST 20 DATE KNOWN [] (TYPE OR PRINT) WITHIN 72 HOURS 12-24 10 84 Robert DEATH MATED XX McLaughlin 3 SEX 4 RACE DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 5:45 DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED April 29 1926 M 58 DEAD 12--28 10 84 D. M Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Penna USA DIVORCED X Baltimore City, WIDOWED B. GIVE PAGES 1, 2, AND 3 TO THE FULL WITH FORM PM 3. RETAIN PAGE 1. PAGES 1 AND 2 SHOULD BE FILED. VIDIVISION OF VITAL RECORDS, 201 W. IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESSI FOR MOST OF WORKING LIFET Retired 127 W. Read Street Baltimore Accountant USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13n STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 127 West Read St. Balto Md Md Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE McLaughlin MIDDLE Late Margaret Late Robert Striesal 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. ADDRES: Margaret McLaughlin 1112 Marywood (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 204-18-0580 WW 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL TO MEDICAL EXAMINER: INIS CENTRATIONS THE WORD "PENDING" IN PERMINER ALONG WENCUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PERMINER ALONG WENGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WENGE 5 SHOULD BE USED AS A BURNAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DATER DATER MARYLAND, 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Alcoholism IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOXX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED ? TE PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE Inspection XX 27a I certify that Look charge of the remains described obove, held on Autopsy Inquiry Natural causes X death resulted Vam Homicide Undetermined manner 12-29-84 DATE Assistant SIGNED EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Mahanoy 07/84 BP Buria1 Fidelis Cemetrat Pate REC'D. BY REGISTRAR 1256 REGIST 25M 24. FUNERAL DIRECTOR **DHMH - 17** Tavidson-Randolle Harry H Witzke 4112 Columbia Rd Ellicott City Md JA (VR A15 ME (5))

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DEPARTMENT OF HEALTH AND MENTACHYGIENE

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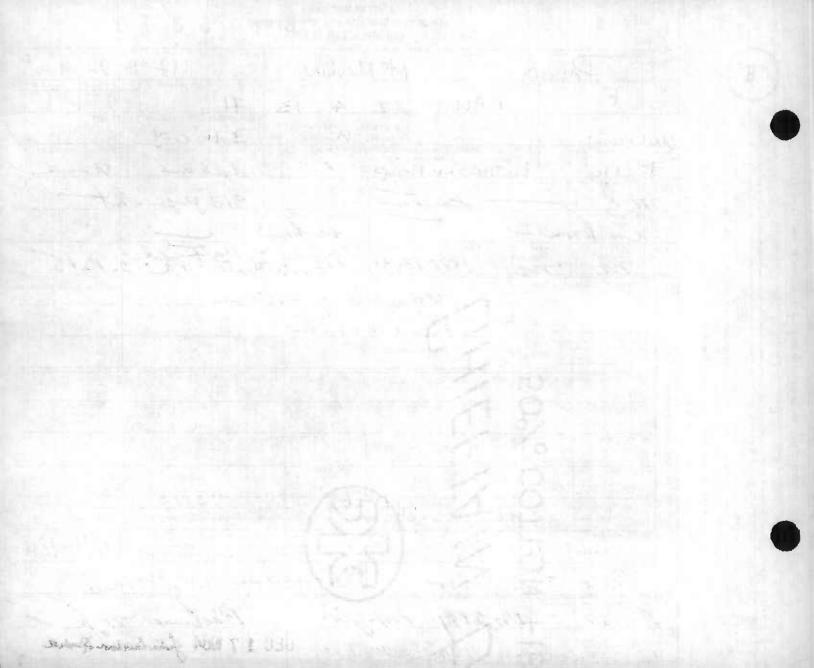
- STATE REGISTRAR		CERTIFICATE OF DEA	THO	REG. NO.	0 0	
I. DECEASED NAME FIRST GEORGE	HENRY	MCMILLAN	20. DATE O	F DEATH MONTH	24 84	12:10 AM
1 SEX Male	RACE White	5. DATE OF BIRTH 12-23-23	VEAR	YEARS LAST BIRTHDAY)  YRS.	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
7a BIRTHPLACE (STATE OR FOREITH) Florida	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MAR	RRIED H BALT	IMORE (1	ty of DEATH	MD.
BALTIMORE	VAMC BALTIMO	RE, MARYLAND 2:		OCCUPATION RK FOR MOST OF WORKING	INSWED W	1 .
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160 WAS DECEASED EVER IN U.S. AI (YES YOO OR UNKNOWN)	VE WAR OR DATES)	14 3835 Ma. Ve	rnos E. McM	illan FA	reeland, M	d2105
PART I. DEATH WAS CAUS	nly ane cause per line for (a), (b ED BY: TE CAUSE (a)	1/ 0 /	- arr	-57	APPROXIM BETWEEN ON	ATÉ INTERVAL NSET AND DEATH
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DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PERFORM	YES 🗌	NO NO	ES, WERE FINDING TIFYING CAUSES O YES	
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saw the deceased alive at (we) (did) (100)	DECEMBER 24  [1] view the body ofter death.		19 <u>84</u> , to DF ir) apinian death accurr	CEMBER 24 and he	, 19 <u>84</u> , th our and fram the co	at 🔻 (we) lost
SE SEGNATURE	C. Hours	PHY	ENDING MEDICAL SICIAN DIRECTOR	STAFF PHYSICIAN	12/2	4/84
JE TO Nace (TYPE	C. Howe	/ 3900 Lo	och Raven B	lvd. Balto	MD 2121	8
230 BURIAL, CREMATION, REMOVAL (SPECIFY)	12-27-84	231 NAME OF CEMETERY OR CRE Dulaney Valley	MATORY 23d. LOC	ockeysvil	le, Md.	STATE
24 FUNERAL DIRECTOR		0 0	250. DATE REC'D. BY			RE-I-DO

DHMH - 16 50M 4/83 (VRA 15, 4)

John C. Miller Inc-0+15 Belair Rd. -21206

UEU 26 1984 Julia Davidson

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

offending physician.

retained by the haspital ar

BP\_\_\_\_\_ DHMH - 16 50M 4/ (VRA 15, 4)

rectar, "page 3 urs ofter death

	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 3 0 1 0 REG. NO.								
		CEASED NAME FOR PRINT)  JAM	IES	A. MCNAMARA				DECEMBER 9 1984 3:30				
	3. SE	× MALE					25°190°8°	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 MONTHS D			EAR IF UNDER 24 HRS	
35		IRTHPLACE (STATE OR COUNTRY)  MD.		U.S.		MARRIE		P. BALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE CITY				
DC	BALTIMORE			11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  2741 CHESTERFIEL				120 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE)  POLICE OFFICER BALTO. CI				
35	13a.:	AL RESIDENCE (IF NUR STATE MD .	SING HOME OR		BALT IM		YES NO			E RFIELD	21213 AVE.	
00		JAMES			AMARA		15. MOTHER'S MAIDEN NAMED MARIE	MIDOL		DΨ̈́	FFY	
a manual		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	213-05-		PATRICIA CO		TR)	212	LEY RD.	
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2	CERTIFICATION	190 DATE OF OPERA	TION									
9	MEDICAL CER	210 ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DEA				216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE  211 LOCATION STREET CITY OR TOWN			PART 1 OR PART 2}	STATE	
Description of the state of the	W	the deceos	ed olive on	ottended the deceased from Pagas 19 19 19 19 19 19 19 19 19 19 19 19 19			nd that in (my) (my) apinion of DEGREE  ATTENDING.	n death occurred on the date and hour and from the couses stated  MEDICAL STAFF				
		PHYSICIAN'S NAME (1YPE OR PRINT)  DR. MARTIN SINGEWALD  22e ADDRESS  11 E. CHASE ST. APT.7A									((0[87	
2	230 BURIAL, CREMATION, REMOVAL 1236 DATE 12/12/84   23c. NAME OF CEMETERY OR CREMATORY CITY OF LOWN CITY OF L										MD .	
33	24 FI	UNERAL DSCHIN NAME 3331			RAL HOME ne, Balt			1 2 108/	PAR 25b. REGIS	TRAR'S SIGNAT	ure endelle	



TY		1-	FOR STATE REGISTRAR		DEPARTI	STATE OF MA MENT OF HEALTH CERTIFICATE	AND MENTAL HY		<b>3</b> 0	1 1	
		l. DEC	CEASED NAME FIR	ST	MIDDLE	LAST		20. DATE OF DE		DAY YEAR 2	b. HOUR
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acto.	)	3 SEX		4. RACE	3	5. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS	72 YRS.		FUNDER 24 HRS
a a	6		RTHPLACE (STATE OR FOREIC	N 76. CITIZEN O	F WHAT COUNTRY?	0	VER MARRIED	9 BALTIMORE	ITY OR COUNT	Y OF DEATH	
death. Page	35	13.	RFford, Va	U.	S.A.	WIDOWED	DIVORCED [	BAL	TIMORE	CIT	MD.
d the	1-	10. CI	A TIMORE	(IF NOT IN S	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET H HOSPITA	ADDRESS)		120 USUAL OCC (TYPE OF WORK FOR	MOST OF WORKING L	FE) 126. KIND OF E	BUSINESS OR
2 2 2	35	13a. S	L RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION COUNTY BALTO	13c. CITY OR TOW	ADMISSION)	IDE CITY LIMITS?	130. STREET ADD		FORT A	215 VE
YLA Ithin Ithin 2 sho		14 FA	THER'S NAME				THER'S MAIDEN N	AME		-0/2/ //	<u>ve</u>
complet		14. 14	John AS DECEASED EVER IN U	MIDDLE	MC Weal	- /	Maggie DRMANT		ADDRESS	Lawren	ice
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ALTIA e be ers. P	1	U	1 KNOWN				17thel 1	VICHERC	7000		
4 405	event, t		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b) RESPIRATORY ARREST							3 H	SET AND DEATH
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ow re been trait. I prior	10000	CERTIFICATION	190 DATE OF OPERATION		DISCAR SHICH			200 AUTOPSY	?	S. WERE FINDING	SUSED
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SICIAN: ng phys certifico	9	CAL	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OFDEATH	P.M.	19					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The law requires that the death cerri- ratending physician.  After this certificate has been signed by the attending pass the burial-transit permit. Then please remove carbon the and Mental Hygiene prior to burial, ceremation, or ren orked or them 18 shows any injury or or other transmarie.		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F		CATION	CIT	Y OR TOWN	COUNTY	STATE
Se eol			220.1 certify that (I) his	hospital ottended	the deceased from_	9/18/	14_, 19_8L	1	14	19 84 , the	ot (I) We Nost
Spitol Spitol CTOP I for a of H			sow the deceased ali abave, (I)(we)(did) (	ve on Add nat) view the bad	ly after death.	, and that in	(my) aur opinio	n death occurred on	the date and hou	or and fram the co	uses stated
OR ATTEN  OR ATTEN  DIRECTOR  Coched for up  Dept. of H. Hem 21 is			226. SIGNATURE	- C	.01	DEGREE	ATTENIDING	MEDICAL	CTAFF	22¢ DATE SI	SNED
			Clin	D Coc	an	MD	ATTENDING PHYSICIAN	DIRECTOR   F	STAFF	12/9	1/84
TO HOSPITAL etained by the TO FUNERAL should be definitely with the Store MPORTANT:			AARON	01	ben	S/	WAI HOS	piral or	BAltu	rive	
		23a. B	URIAL, CREMATION, REM	/	1 23c. 1	AME OF CEMETER		23d. LOCATIO	N O	2 COUNTY	STATE
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(VRA 15, 4)		J	T++ 11/1/16	K F J	4609	Park Hg	15 U	FO 1 O 12	77/		

Carolina Service

10	1.	FOR STATE REGISTRAR				MENT OF F	E OF MARYLAND EALTH AND MENT ICATE OF DEAT	H '	REG. NO		1 2		
8 75		CEASED NAME ORPRINTS	JAN	MES G. Mc PHEE				20	DATE OF DEATH	84	DAY YEAR	3:200 M	
(100)	3 SE	M		RACE W		5. DATE O	OF BIRTH	EAR	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR		
14	1 3	RTHPLACE (STATE OR FO		U. S	WHAT COUNTRY?	WIDOW		ED	BALTIMORE CITY OF		CITY -	MD	
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Pages ]		VAS DECEASED EVER I VES. NOOR UNKNOWN)		ED FORCES? WAR OR DATES)	212-09-		IN INFORMANT	N.H.	c Hue - 5		le Cour	1.21057	
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he hospital DIRECTOR tacked for u Dept. of He If them 21 is		sow the decease obave, (1) (we) (di 27b. SIGNATURE	d alive an id) (did nat)	view he bady	affer death.		DEGREE ATTEN		MEDICAL STAP		22c. DATE		
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1MH - 16 50M 4/8	74 P	NERAL DIRECTOR	00	- 75'	7 Appress	n_ 1	RJ	ULL ULL	2 1 1984	25b. REGIS	TRARIS SIGNAL	Heall	

JAMES 9 Mc PIECE - 18 11-18 84 M 5-19-1903 81 Secretary Secretary Commencer City BAKER STANDELTHAN HEST MANUALT GOOD STAND Mar Baron Sura X 7314 Charles Face JAMES MOPREE STANK COMME TEORS 500 Page 5 - 44 No Mar - 5 Well Const 210 57 But he 12/21 84 1 19 1 1000 Can Barre Mr. 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT HYGIENE

3 3 0 1 3

REGISTRAR		CERTIFICATE OF DEATH	REG NO.								
1. DECEASED NAME FIRST	ond D.	Meade	20 DATE OF DEATH MONTH	00.404							
Edm				29/84 2 p. M							
male	black	5. DATE OF BIRTH  MONTH  DAY  YEA	01	MONTHS DAYS HOURS MIN.							
7a BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN		- L Raltimore								
Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: Church Hospi	URSING HOME OR OTHER INSTITUTIO		126 KIND OF BUSINESS OR							
MOUAL RESIDENCE (IF MURSING HOME 130 STATE 136 CO		nore YES Y NO	141 <b>3</b> N. Centr								
Charlie	MIDDLE LAS		ADDRESS	Farley							
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	8-6186 Mrs. Be	PNICE MEADE 14	13N. CENTRALA							
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONS  (b) OR AS A CONS  (c) OR AS A CONS	SEQUENCE OF Cardiorns	color discuse.  E TERMINAL DISEASE OR CONDITION	4 GIVEN IN PART I 10							
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	Jactric Wen 196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	DPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDING IN CERTIFYING CAUSES CONTROL YES NOW YES TO THE PROPERTY OF THE								
OR COLUMNIC CALIFFORD	DEATH HOUR A.M. MONTH		OCCURRED (ENTER NATURE OF INJURY IN ITE	8 PART I OR PART 2)							
THE ETHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE PR	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE							
	270.1 certify tho (1) (this hospital) attended the deceased from November 1981, to 12-29 1984, that (1) (we) saw the deceased always 12-29 1984, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death.										
226 SIGNATURE  Chi-Sking  226 PHYSICIAN'S NAME LIVE	Clon	DEGREE  ATTEND PHYSIC  172e ADDRESS	DING MEDICAL STAFF	22c. DATE SIGNED  12-31-84							
CHI-SHIP	ING CHEN	100 N. B.	ROADWAY BALTIE	DORE 2123/							
230 BURIAL, CREMATION, REMOVE (SPECIFY)	236 DATE 1-3-84	231. NAME OF CEMETERY OR CREMA	CITY CR TOWN	Georges nd.							

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

MPORTANT.

Islah JENick 243 HE. Oliven St.

TAM 9 1985

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	THIL OF IMP		
DEPARTMENT	OF HEALTH	AND MENTEL	HYGIENE
CEI	RTIFICATE	OF DEATH	

3 3

		RECHARA							REG. N	O.			
-		CEASED NAME FIRST OR PRINT)		MIDDLE	L.	AST		20 DATE C	OF DEATH	MONTH	DAY YEAR	2b. HOU	-
	11172	John	W€	esley		eks	Sr.		12	-11-	84	7:1	LUM
	3. SE)	(	4 RACE		5 DATE C		AY YEAR	6 AGE (IN	YEARS LAST BIR	THDAY)	MONTHS BAYS	IF UNDER	24 HRS MIN.
	1	Male	Whit	:e		- 25		100.7	78	YRS	MONTHS, BATS	1.00.0	74.11-4.
75		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEV NIEV	VER MARRIED	9 BALTIM	ORF CITY C	R COUNT	Y OF DEATH		100
2		Maryland		.A.	WIDOWE	D	DIVORCED [	City					MD.
2	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER	INSTITUTION		L OCCUPAT		126 KIND C	F BUSINE	SSOR
2	1	Baltimore	St. Ag	gnes Hosp	ital		105 71	Vice	Pres	ident	Seed	Co.	
1		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSI	DE CITY LIMITS?	13e STREET	ADDRESS	/ ZIP COD	Œ		
2		,	timore	Catonsv	ille	YES [	b7		lolmeh	urst	Ave. 2	1228	
2	M FA	THER'S NAME	MIDDLE	LAST	= 17	15 MOTE	HER'S MAIDEN NA	AME	WIDDLE		LAS	ı	
6	/	Harry		Meeks			Mary				Korber		- 30
5		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFO	RMANT		APO	rkton	, MD.	21120	)
-	-	VES. NO OR UNKNOWN) (IF YES. GI	VE WAR OR DATES	212-10-	5661	John	W. Meek	s, Jr.	- 11	19 Ra	yville 1	Rd.	
В		18 CAUSE OF DEATH (Enter or	nly one cause per	line for (a), (b), and	d (c)						APPROX BETWEEN	MATE INTER	VAI DEATH
	10	DARKE DEATH MAKE CAUSE	D DV	NTRAA		INA	1 HEN	ORRH	AGE				
	- 33	IMMEDIA				1/-10		VICINIII					
			DUE TO, O	R AS A CONSEQUE	All and the second		Vuon	0					
		Canditions, if ony, which	(b)_	N & C/C	OTIC	- 4	YMPH	OMIT					
		cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF								
		underlying cause last.	( (c)										
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT REL	ATED TO THE TERA	MINAL DISEA	SE OR CON	DITION G	IVEN IN PART LI	a ·	
	CERTIFICATION											/	
1	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PE	ERFORMED	20a AU	OPSY?		ES, WERE FINES		
	TE	The second second	1000					YES 🕝	NOD		ES P	NO [	
	CER	21a. ACCIDENT WAS UNDERLYING			WE AR	21c. HO	W INJURY OCCUR	RED (ENTER	NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
П		OR CONTRIBUTING CAUSE OF DE.	4161	M. MONTH DA M.	19								
	MEDICAL	21d. INJURY OCCURRED	21e PLACE		17	211. LOC	ATION						
	ME			REET, FACTORY OFFICE, F.	ARM, ETC )		STREET		CITY OR TO	NWN	COUNTY	S	TATE
		AT WORK AT WORK			-				7.17				
		220 1 certify that (1) (this hasp					. 19	, to				that (I) (v	
	1.22	saw the deceosed alive on above, (1) (we) (did) (did no	it) view the bady	after opath.	, ar	nd that in	(my) (our) apinian	death accur	ed an the d	ate and ha	or and fram the	causes sta	ited
		226. SIGNATURE	00	110		DEGREE					22c. DATE	SIGNED	
	-	1 / Justice	e &	elen.	11	40	ATTENDING PHYSICIAN	MEDICAL			121	3//	24
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e AD					1-	1	-
	-	Michael E.	Pelcgar	M D		C	h Aomaa	Hoonit	- 1 -	Caton	A ***	Rolte	MD
-	23- 0	BURIAL, CREMATION, REMOVAL			JAME OF C		OR CREMATORY		CATION	Caton	Ave.	Darte	MD.
	230 6	Burial	14					CII	TY OR TOWN	n Da	COUNTY		TATE
			1-3-19				Cemetery				k A.A.	MD.	•
		eroypincto& Russe						A AL O	**************************************	Chillia.	Davidson-	jandel	2
	1	630 Edmondson A	ve., Ca	consville	, MD.	212	228 11	D MIL	1300	1			- 6

DHMH - 16 50M 4/83 (VRA 15, 4)

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	or grange grouiss			45.4		
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	Death N	MAL H DES	POSTERIO	Julian S		
BEALD TO V	EXI A SHIP OF THE		0	Carlo Andrews		
		14 13 21		- 24 1 (37 2 2 1		
	MANAGE STATE					
				Laborator Contract		
			عاد السلامي	A Service of		

1	FOR STATE REGISTRAR	DEPARTMENT CE	OF HEALTH AND MENTAL HAY RTIFICATE OF DEATH	REG. NO.	1 3 /
	CEASED NAME FIRST BERNAN	nd John Med	hlinski	December 11,	1984 26. H
3. SE	Male		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)  57  YRS.	IF UNDER 1 YEAR IF UN MONTHS DAYS HOU
	IRTHPLACE (STATE OR FOREIGN 76.	11 \ 4	ARRIED NEVER MARRIED DOWED DIVORCED	9. BALTIMORE CITY OR COUNT	
	Baltimore	NAME OF HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPER WORK FOR MOST OF WORKING	126. KIND OF BUS INDUSTRY <b>Earman</b>
35 USL	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	HER INSTITUTION, GIVE. RESIDENCE BEFORE ADMIS 136. BY STOWN BOLLINGTE		130158558 ADDRESS and +	Ave. 21206
14. F	ATHER'S NAME FRANK JOSE	eph Mechlinski Sa	15. MOTHER'S MAIDEN NA Stella	ME MIDDLE	LAST
	WAS DECEASED EVER IN U.S. ARME (YES, NOT UNKNOWN)	D FORCES? 166 SOCIAL SECURITY AR OR DATES) 213-20-238		Mechlinski 482	28 Bowland
oapers.	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	one couse per line for (a), (b), and (c),  ALISE (a) UREMIC	4		APPROXIMATE II BETWEEN ONSET
ta buriol, or of nijury, ar of	underlying couse lost.  PART 2. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH	HOUT NOT RELATED TO THE TERM		IVEN IN PART Tras
dyglene priar to le stands ony injui	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS U IFYING CAUSES OF DE YES \( \text{NO}\)
E - / /	2]a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY 'P.M.	ZEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
orked or Item	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	21f LOCATION STREET	CITY OR TOWN	COUNTY
of Healt	22a I certify that (I) (this hospital) sow the deceased alive on above, (I) (see said) (did not) v	3115 19 24		deoth occurred on the date and ha	, 19 , that (I
AT: If hem	276. SIGNATURE Polum	ino In.		MEDICAL STAFF DIRECTOR   PHYSICIAN	121. DATE SIGNI
MPORTAN	T-S. PALM is		572-2 HA	eford ra	SANO , 212
230.	BURIAL, CREMATION, REMOVAL (SPECIFY)	10 1 01 4 .	of CEMETERY OR CREMATORY mey Valley Mem.	23d LOCATION COCKEUSVILLE	Balto MJ
M 1/B1	UNERAL DIRECTOR	Son Inc. 6224 Fe	25a. DA	TE DEC'D BY DECISTRADISE DEC	STRAR'S SIGNATURE

Lection 11, 1 17 7:20 4	ilivii	o'ın eci		
	6 6	<i>i.</i> ie		fa/al.
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12 02/20 V. 220	×	snori in	apper some parts hadin allest term	. 21, 22
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July 1

12-14-24 on over latter on Coccoving who as

fine e. viler or inc. 22/ 2 sen ve.

6	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYG  CERTIFICATE OF DEATH	ELENE 3 3 0 1 6
the post		CEASED NAME FIRST PARMA	MELHICK  RACE  S. DATE OF BIRTH  MODULY  MODULY  DAY  A MAR.	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR  29 1984  6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
death. Page 4	70. B	RIMPLACE (STATE OR FOREIGN 71	OCITIZEN OF WHAT COUNTRY?  MARRIED   NEVER MARRIED    WIDOWED   DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE CITY N
hours ofter of the factor of t	B	AL RESIDENCE IN NURSING HOME OR O	1. NAME OF HOSPITAL, NÜRSING HOME OR OTHER INSTITUTION  (IR NOT IN SUCH FACILITY, GAVE STREET ADDRESS)  (IF NOT IN SUCH FACILITY, GAVE STREET ADDRESS)  (IF NOT IN SUCH RESIDENCE BEFORE ADMISSION)  (IF	126 USUAL OCCUPATION (TYPLOTWORK FOR MOST OF WORKING LIFE)  128 STREET ADDRESS ZIP CODE
ted within 24 ompletely fill Nand 2 should	S	ARTLAND BALTI THE SNAME TANISLAUS PO	MORE DUNDATK YES NO DE 15. MOTHER'S MAIDEN NA FIRST UNITADOR NA FIRST	ME MIDDLE LAST
be execu		VAS DECEASED EVER IN U.S. ARM (ES, NO DRUNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT.  ANNA OZAZ	EEWSKI 8454 KAVANACH K.  BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH
w requires that the death certifications signed by the attending physical. Then please remove carban paper riar to buriol, crematian, ar removal ny injury, or other traumatic event, it	NC	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	Λ .	MINAL DISEASE OR CONDITION GIVEN IN PART 110
The low retroit been prior prior low yield	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?   20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO
Per Sic Law. ending physical ths certificat di Membil Hyr. di or hep. [8 s	MEDICAL CE	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (# EITHER, NOTHY MEDICAL EXAMINER) 216. INJURY OCCURRED		RED (ENTER NATURE OF INTURY IN ITEM 18, PART I OR PART 2)  CITY OR TOWN COUNTY STATE
ATTENDING wathol or att CTOSt. After CTOSt. After of Health or of Health or of Health or	1388	WHIE AT WORK  220.1 certify that (1) (this haspital saw the decased alive anabove, (1) (we) (draft/did fat)	8-27 19 84 and that in (my) (ow) opinion	to 12-29, 19 89, that (I) (we) la death accurred an the date and hour and fram the causes stated
HOSPITAL OF Juned by the hospital Difference of the desoched the Stote Dept.		THE SIGNATURE)  THE PHYSICIAN'S NAME (THE ON	DEGREE  ATTENDING PHYSICIAN S  22 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN   12/3:184
Bb————————————————————————————————————	23a.	BAPAY SAMPLAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OF CREMATORY  TAN. 2. 1985 POLY RINITY R. O.	23d. LOCATION COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 E	UNERAL DIRECTOR HAME HAME HACK	PROWSKI 2325 FLEET ST, 250 DA	EC 3 1 1984 Juna Davidon Andre

FRINK WELNICK Female EHITE PARTINESSE FIN MI STA. This invite france son her her the less Hene make the ON HERETHER LEADING THE SHEET SHEET PRINTER IN The state fletter to 214 to 1471 JANG CLOZES OF SHER GARRIER PLA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

DHMH - 16 60M 7. III (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any mjury, ar other troumotic event, the medical exam

4 moy be

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGJENE
CERTIFICATE OF DEATH

3 3

	REGISTRAR		•••••		REG. N		
	CEASED NAME FIRST	MIDDLE A	MERCI	IRE	20 DATE OF DEATH	2 - 17 - 84	26 HOUR
3 SE		4. RACE	S DATE OF E		6. AGE (IN YEARS LAST BIR		IF UNDER 24 H
0.00	Male	White	90°	11 09	75		HOURS M
7a BI	RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	NEVER MARRIED		OR COUNTY OF DEATH	
	MASS.	USA	WIDOWED [	DIVORCED [	BALTI		,
B	ALTIMORE	(IF NOT IN SUCH FACULTY, GIVE STRE	RELAN	10 HOSP.	TYPE PATHTEY		
13a S	Maryland 136 COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY Balti	more 13	LINSIDE CITY LIMITS?	13e STREET ADDRESS	SZIPSQDE 21226	6
14 F.A	ATHER'S NAME FIRST UNKNOW	MIDDLE LAST	15	. MOTHER'S MAIDEN NA/ FIRS <b>Unkno</b>	WIDDLE	LAST	
	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	WE WAR OR DATES) 166 SOCIAL SEC 027 - 18	115-	hristopher G		Spring Hill I DeGrace, Md.	
	210	- 001 18	(000)	in 1000pher 0	TTOO HAT AG		
	PART I. DEATH WAS CAUSE	N J D I V	atory i	arrest		BETWEEN OF	NATE INTERVAL
	IMMEDIA	TE CAUSE (a)	-				
		DUE TO, OR AS A CONSEQ	CANCE!	0			
	Conditions, if any, which gove rise to immediate	( b) Lung	CANCO				
	couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF				
	underlying couse lost	(c)					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110	
O	Chronic R	Renal Failure					
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING	GS USED
F	Common Programme				Vec C	IN CERTIFYING CAUSES C	
E L	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	12	I- UOW BUILDY OCCUP	YES NOL	YES 🗌	NO 🗌
	OR CONTRIBUTING CAUSE OF DEA	LIGUE A AL MONTH	DAY YEAR	IC HOW INJURY OCCURE	LD (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PART 2)	
CA	(IF EITHER NOTHY MEDICAL EXAMINER		19				
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		If LOCATION STREET	CITY OF TO	OWN COUNTY	STATE
×	AT WORK AT WORK	(AT HOME, STREET, PACTORY, OFFICE	E FARM ETC ]	JINEE!			
		ital) attended the deceased from	12/1/	10 84	to 12/1	7 10 8	hot [1] (we)
	sow the deceased alive an			that in (my) (gur) opinion		ote and hour and from the co	
	abave, (1) (we) (did) (did no	ot view the body after death			com occorred on the d		
	226 SIGNATURE	Bolgiano .	MC	ATTENDING PHYSICIAN F	MEDICAL STA	FF IZ IZ	IGNED 18
- 1	22d. PHYSICIAN'S NAME (TYPE C			2e ADDRESS			
	EDWARD B	? BOLLIAN	0	UNIV OF	MO. HO	SPITAL	
23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEM	ETERY OR CREMATORY	23d LOCATION		
				EVERT ON CHEMINION	6.00 00 00		
-	Turial	12/20/84 H	folly Hi	ll Memorial	Gardens I	Baltimore Co.	Md.
24. FI	urial	12/20/84 H	folly Hi	ll Memorial		Baltimore Co.	
24. FE		Julydelnes		ll Memorial		256. REGISTRAR'S SIGNATU	IRE

ALL A CAL ME THE RESERVE OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE PERSON AS THE WAY TO SEE THE PERSON AS T

Leroy M. & Russell C. Witzke Puneral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

- STATE

DHMH - 16 50M 4/B3

(VRA 15, 4)

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

214 HOUR

HOUR5

STATE

Md.

Julia Davidson-Handale



STATE OF MARYLAND

Maria Entire , . avs. magaziev i 905 c i i i maria CONTRACTOR SERVICES OF THE PRINCE OF THE PRI

Dundalk, MD. 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

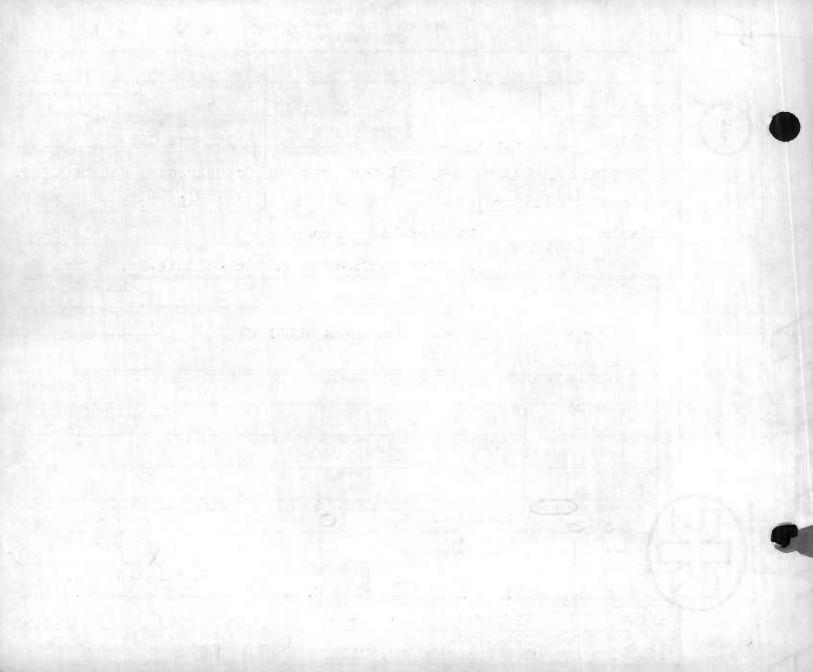
FOR

REGISTRAR

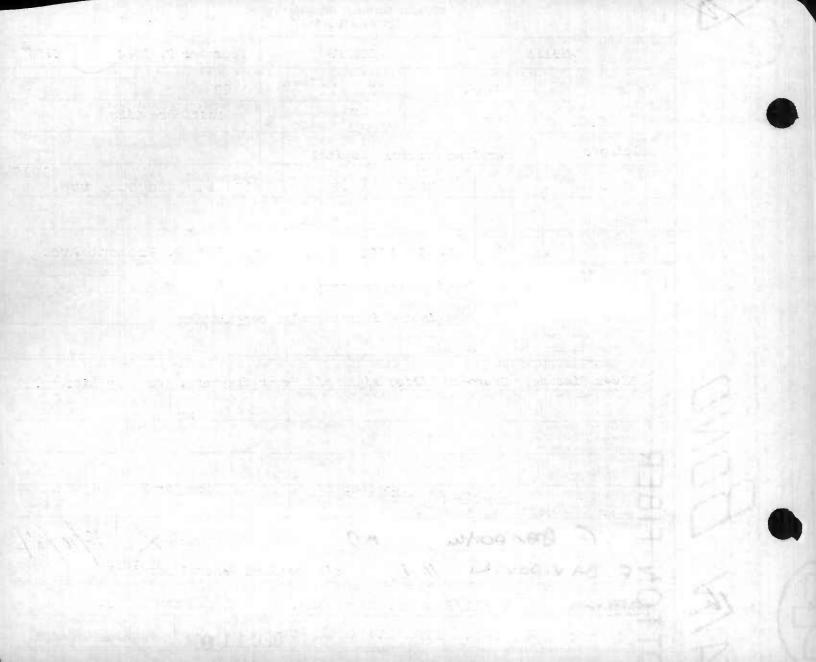
7922 Wise Avenue

(VRA 15, 4)

- STATE



	1 -	STATE REGISTRAR		DEPARI	CERTIF	CATE OF DEATH	REG. N	10.	
		CEASED NAME FIRST OR PRINT)  Will		MIDDLE	MI	CKENS	20 DATE OF DEATH  December		2b. HOUR A 5:58 A
cter. poor	SEX	Male	4 RACE Blac	ck	5. DATE C	F BIRTH	6 AGE IN YEARS LAST BE		
death. Pog unerol dire hin 72 hour		S.C.	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEL WIDOWE	NEVER MARRIED	9 BALTIMORE CITY BAIti	OR COUNTY OF DEAT	H MD.
by the furthilled within		TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURSI THE FACILITY, GIVE STREET Land Gene	NG HOME C	ROTHER INSTITUTION	12a USUAL OCCUPAT		ND OF BUSINESS OR
filled ould b		AL RESIDENCE (IF NURSING HOME OF TATE Md. 13b. COU		Balto.	RE ADMISSION)	13d INSIDE CITY LIMITS? YES MO	13.4 BEET ADDRESS W. I	/ ZIP CODE Lafayette	21217 Ave.
mpletely ond 2 sh	4. FA	THER'S NAME FRST	WIDDLE	LAST		15 MOTHER'S MAIDEN N FIRST Emma	MIDDLE		LAST
Poges of the population of the	{Y	VAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, G NO	WE WAR OR DATES)	16b. SOCIAL SECTION 214-14		17 INFORMANT  L Emma Mc	Koy 726 N	N. Fremon	t Ave.
physicio n popers moval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS				y arrest		BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
that the death ce by the attending sose remove corb ol, cremation, arm r other froumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	R AS A CONSEQU <b>Disenina</b> R AS A CONSEQU <b>Sepsis</b>	ted in	travascular	coagulation		
equires n signed Then pit t to burn injury, o	NO	PART 2 OTHER SIGNIFICANT  Liver diseas				NOT RELATED TO THE TER			
he low r hos bee t permit:	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
7	- 1	210. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING CAUSE OF DE	HOUR A.	OF INJURY M. MONTH D M.	AY YEAR	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART I OR PAR	प 2)
offendin offendin ter this c is the bur rked or t	MEDICAL	Z1d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR T	OWN COUNT	TY STATE
TTENDIN pitol or CTOR: Af for use of Health		220.1 certify that (this hasp sow the deceased alive a abov (XX) (we) (did) (dix (2)			21	ber 25 19 8 d that in (n <b>X</b> ) (our) opinio		ber 7 <sub>, 19</sub> <u>84</u> date and hour and from	, ()
TAL OR A y the hos tal DIREC detoched ote Dept		226. SIGNATURE	nod na		M		MEDICAL STA	AFF 1	Shol84
etoined by TTO FUNES with the St		PHYSICIAN'S NAME (TYPE	DOVS K		-	1	and General	Hospital	///
BP_16		urial, cremation remova Burial				ion Cem.	Landst	own, Ma	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	PA FL	Wm C March F	/H, Ind	c. 190	1 E.	North Aven	FC 1 1 1094	Filia Davidso	MATURE MANDE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE  1. DECEASED NAME  THE CERTIFICATE OF DEATH  REG. NO.  1. DECEASED NAME  THE DATE OF DEATH  REG. NO.  1. DECEASED NAME  THE DATE OF DEATH  THE DATE OF DEATH  ACRE  THE DATE OF DEATH  THE DATE OF DEATH  ACRE  THE DATE OF DEATH  THE DATE OF	TY OF DEATH  TIZE KIND OF BUSINESS OF
T. DECEASED NAME  THOSE OF PRINTING  A RACE  THOSE OF PRINTING  THAT I DECEASED NAME	TY OF DEATH
Ja. BIRTHPLACE LYLATE OF PORT OF WHAT COUNTRY?  MARRIED NOTE:  MARRIED NOTICE OF BATTIMORE CITY OF COUNTRY?  MARRIED NOTICE OF BATTIMORE CITY OF COUNTRY OF WISOVED DIVORCED D	TY OF DEATH
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IVES NO OP INTENOWNI LIEYES GIVE WAR OR DATES!	as #13
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CERTIFICATION

MEDICAL

FOR - STATE

REGISTRAR

MALE

To. BIRTHPLACE (STATE OF FOREIGN

MARYLAND

10 CITY OR TOWN OF DEATH

BALTIMORE

(YES, NO OR UNKNOWN)

MARY LAND

14. FATHER'S NAME

FIRST

DAVID

13b. COUNTY

DR. SEYMOUR RUBIN

23ª BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

BENJAMIN

I. DECEASED NAME

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND 3 3 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST 2a DATE OF DEATH 2b. HOUR WED DEC. 26,1984 MILLER 9:28 Am 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS OCT. 22,1901 WHITE 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY USA WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR 6405 DORAL DR. APT. NURSING SCHOOLS PRESTDENT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 6405 DORAL DR. APT. C (21209) BALT TMORE 13d. INSIDE CITY LIMITS? NO [ 15. MOTHER'S MAIDEN NAME MIDDLE UNKNOWN MILLER IDA ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 577-07-4678 MRS. LILLIAN MILLER 6405 DORAL DR. (21209) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) P.M 19 211 LOCATION COUNTY CITY OR TOWN STREET

7111 Park Heights Ave

23d LOCATION

18. CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 a 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased olive on obove. (I) (we) (did only) view the body after death. 22b. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN POIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (SYPE OF PRINT 22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT

12/28/84

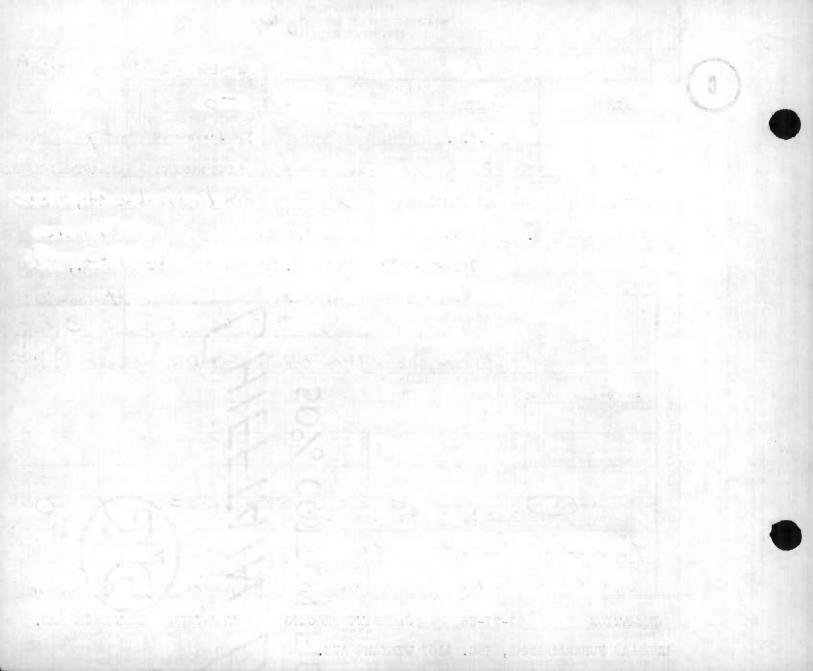
23h DATE

CHIZUK AMUNO CEMETERY BALTIMORE 25a. DATE REC'D. BY REGISTRARI26b. REGISTRAR JAN 3 1985

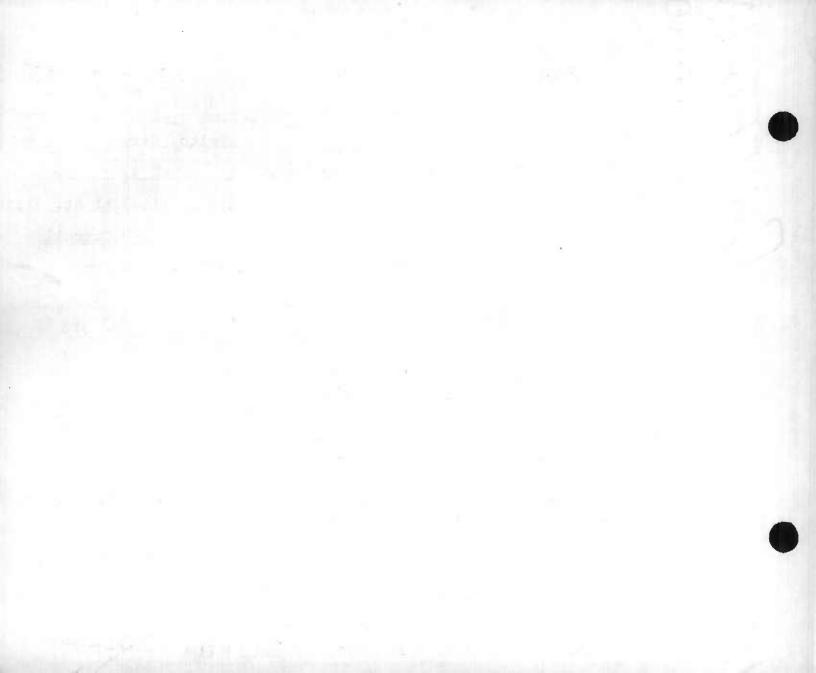
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-		sow the deceased alive or above, (I) (we) (did) (did no	ot) view the body after death.	9 <u>84</u> . or	d that in (and our op	oinion death occur	ed on the do	ote and hour o	and from the	couses stated
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6	1.	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rafene 3 3 0	2 6
. 25		REGISTRAR CEASED NAME FIRST	MIDDLE	LAST CAST	REG. NO.  26. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
fer dear	1.5E	E//A	4 RACE Black	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIR
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	Y OF DEATH
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TEN Intol		22a.1 certify that (1) (this hasp	pital attended the deceased fram	YII J	in death occurred an the date and ha	ur and Iram the causes stated
Che Che		abover (1) (we) (did ) did n	not) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
TO HOSPITAL of retained by the TO FUNERAL should be dero with the State LIMPORTANT: If		220 PHYSICIAN S NAME (INFE	ORPRINT)	m) 22e ADDRESS	Charles St.	11/1
Of Odd M	23a. E	BURIAL CREMATION, REMOVA (SPECIFY)  Burial	70/10/01	NAME OF CEMETERY OR CREMATOR	Meth TY Cern. Late recui sy registrar 23h. Registrar 24h. Registra	aurel Md. STATE
BP				Mt. Zion United		

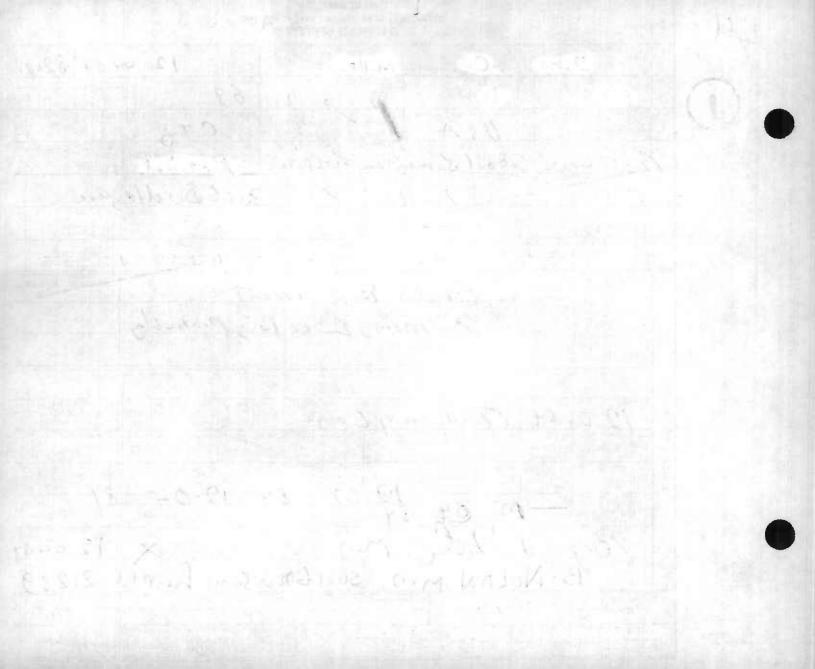


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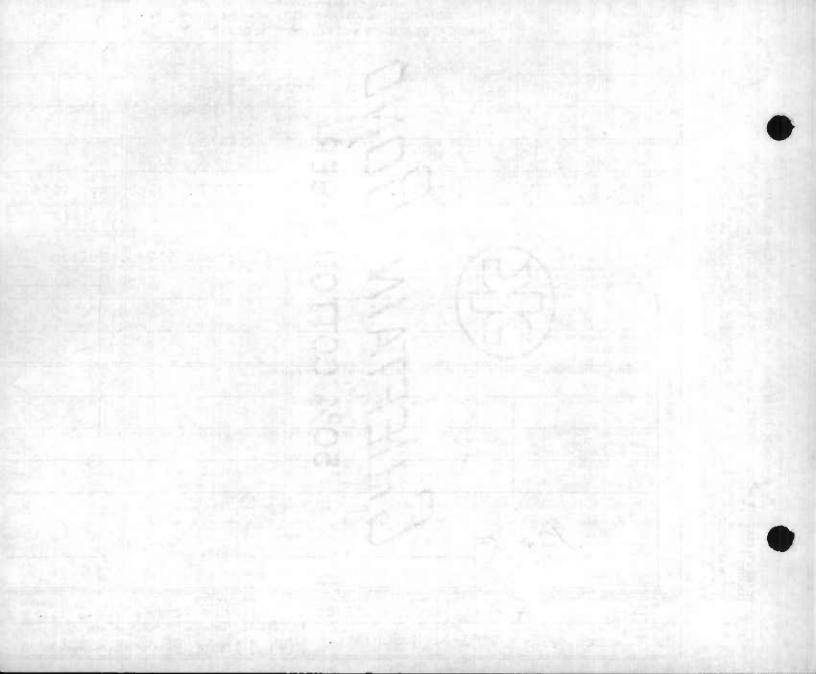
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST DECEASED NAME 20 DATE KNOWN DAY 2b HOUR (TYPE OR PRINT) OF ESTI-Timothy Miller, Jr. 7/19 84 L. 4. RACE 3 SEX . AGE (IN YEARS IF UNDER 1 YR. LIF UNDER 24 HRS. DATE OF BIRTH DATE HOUR MONTH DAY LAST BIRTHDAY PRONOUNCED Male Black 31 8 84 DEAD 19 84 PM 76. CITIZEN OF WHAT COUNTRY? THE BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X , 2, AND 3 TO THE FUNER.
1 3. RETAIN PAGE 5 FOR 2 SHOULD BE FILED, WITH JAIR RECORDS, 201 W. PRE FOREIGN COUNTRY Md. USA WIDOWED DIVORCED Baltimore City ID, CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore University Hospital USUAL RESIDENCE LIF IN NUMBING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE Md. 130 717 ADRESS Fulton Ave 21217 131 COUNTY Balto. 13d. INSIDE CITY LIMITS? NO [ 18. GIVE PAGES 1, 2, WITH FORM PM 3. IN PAGES 1 AND 2 SH 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Tara Williams Miller Timothy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A N/A Tara Williams 717 N. Fulton 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE STACULUS DE CALCULUS TO THE MEST SECURE THE CERTIFICATE, WRITING THE WORD. "PENDING," IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNE ALD DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HALTH AND MENTAL HYGIENE, DIBBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: Sudden Infant Death Syndrome IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔯 NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M 19 218 PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY 22e I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Natural causes X death resulted from: Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 12/8/84 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) Penn St. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY Cedar Hill Cem. Co., Burial Anne Arundel 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 Wm March F/H 1101 E. North Ave. Archia Davidson-Randalle (VR A15 ME (5))

STATE OF MARYLAND



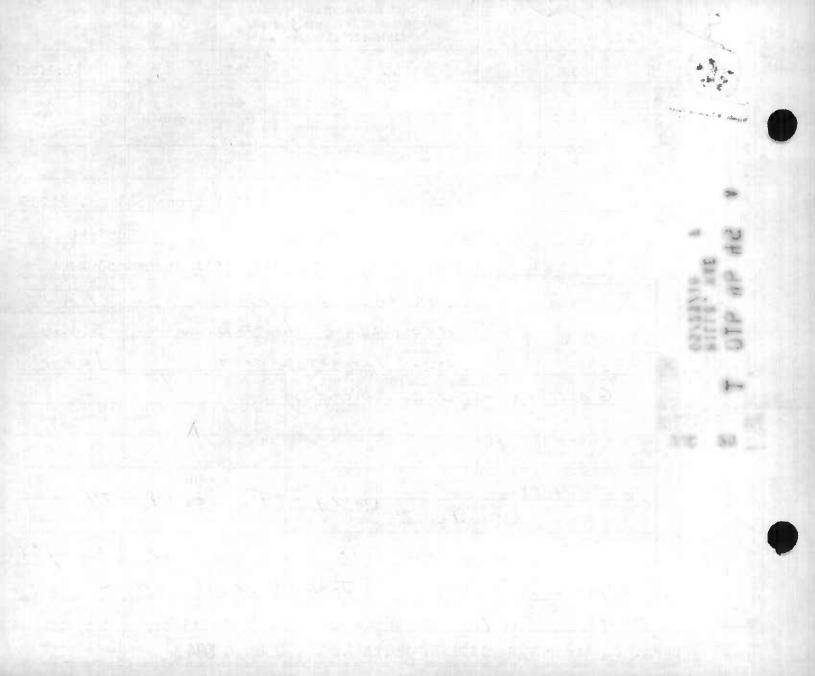
FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT IN HYGIENE CERTIFICATE OF DEATH

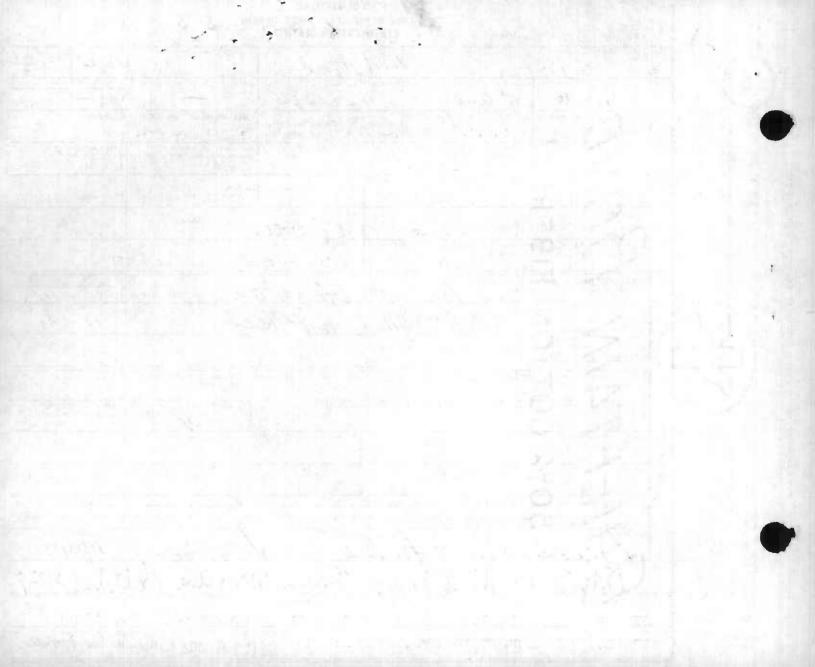
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		REGISTRAR	REG. NO.									
6 /		CEASED NAME FIRST	WIDDLE	l.	AST	20. DATE OF DEATH M	ONTH DAY	YEAR	26 HOUR			
( E. E. )	(TYPE	OR PRINT) MAE	L, M	ILLS		DECEMBER	2, 198	34	1:10AM			
	3: SE)	4	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY) IF UNI	DER I YEAR	IF UNDER 24 HRS			
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vithing stelly nine	14.FA	THER'S NAME FIRST	AIDDLE LAST		15 MOTHER'S MAIDEN NA	WE		LAS	d .			
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des de la contra d		60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES)										
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ph ph on po		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) CARDIAC ARREST / MIN										
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the hose of the born of the DiRECTOR of the Dept.		276. SIGNATURE DEGREE  MD-PhD ATTENDING MEDICAL STAFF 12/2/84										
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BP		SPECBurial	12/6/84 A	rbut	us Mem. Pk.	Baltim		CO -	MD			
DHMH - 16 60M 7/B4	24 FU	JNERAL DIRECTOR			25a DA	TE REC'D BY REGISTRARIO	SE REGISTRAR'S	SSIGNAT	LIRE			
(VRA 15, 4)	1	Vm. C. March	F/H 1101 E.	Nort	h Ave.   Ut	U 4 1984	Lelia Daire	dson-V	lastoren			

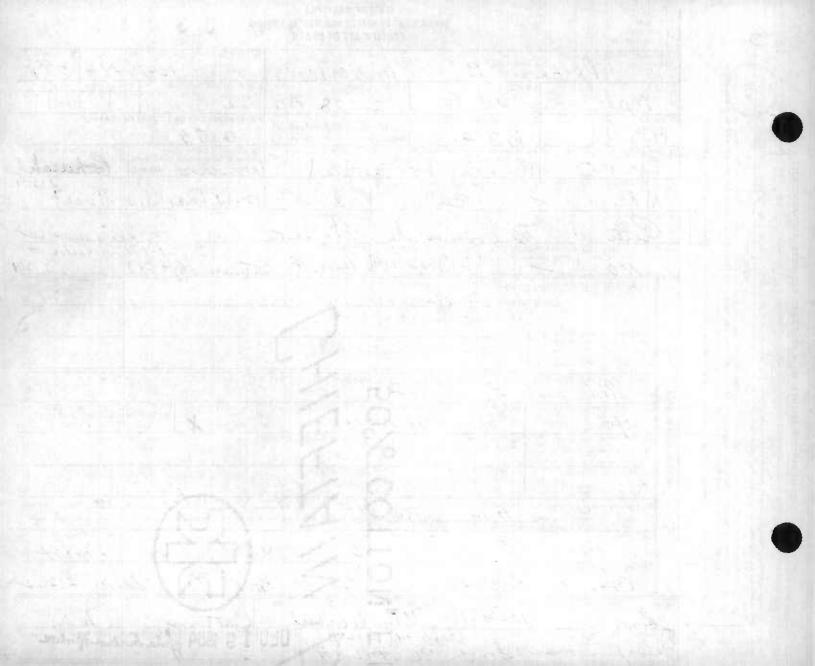


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	3. SE	Female	Cauc.	S. DATE (		6. AGE (IN YEARS LAST BIRT	YRS.	23	
0 15 35		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIE WIDOW	D NEVER MARRIED F	9. BALTIMORE CITY OF Baltimore		<b>DEATH</b> MD.	
1 1 A	1)	Baltimore	11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  St. Agnes Hospital		DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY N/A			
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MARYI omplement	2	Brian	Milstre		C/FEST	MIDDLE		STEPP.	
De execution of any of		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? VE WAR OR DATES) N/A	URITY NO.	Brian Molst	red Same a			
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e death cer e attending mave carbo notion, or re		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS SEGNSEQUE	JING OF	I Sinus Ble	ed.		12 whs	
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R ATTEND hospital or hospital or red for use spt. of Hen stem 21 is m		sow the deceased alive on above, (1) (we) (and) (did no	ital) attended the deceased from.  19.  11) view the body after death.		nd that in (my) (our) opinion o	eoth occurred on the do	te and hour an	d from the couses stated	
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STATE OF MARYLAND



				STATE OF MARYLAND				
	1.	FOR STATE	DEPART	WENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ENE 3 3	0 3		
>		REGISTRAR			REG. NO			
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death c death c ave cort official, or roumatic		Conditions, if ony, which	(b)					
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	NO O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
low requirements of person	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED		
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Z Z D O T OO		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART T OR PART 2)		
SKIA SKIA ng ph certifi rrial-tr ental them I	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	111	19				
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n signed by the otte Then please remave ir to bural, cremation injury, ar ather traun	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU	JENCE OF PYOTS ATSIC		
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		22d. PHYSICIAN'S NAME TTYPE	DR PRINT)	PHYSICIAN [	DIRECTOR PHYSIC	ES HOSPITS

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		224 PHYSICIAN'S NAME (TYPE OR P	elinger	PHYSICIAN [	_ DIRECTOR _ PHYSICIAN X	119/21/87
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1. SE)		I. RACE		5 DATE C			6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS	_
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	0. CI	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTI	TUTION	12a. USUAL OCCUPAT				F BUSINESS OR	
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		BUR IAL UNERAL DIRECTOR	12-21-	84 [GL	EN HA	VEN MEM 21229		GLEN BURN E REC'D. BY REGISTRAR		A.A.		RYLAND	-
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ADDRESS

Balto., Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

REGISTRAR

NAME

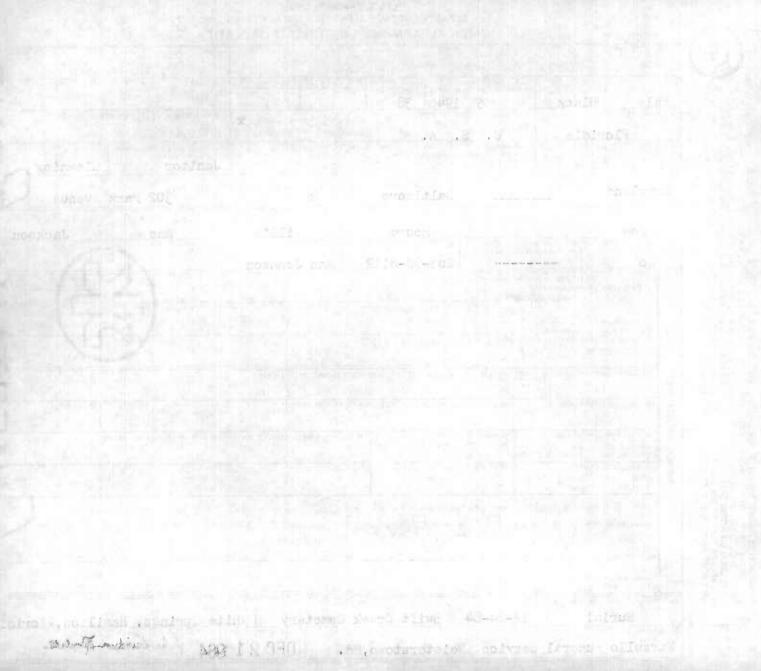
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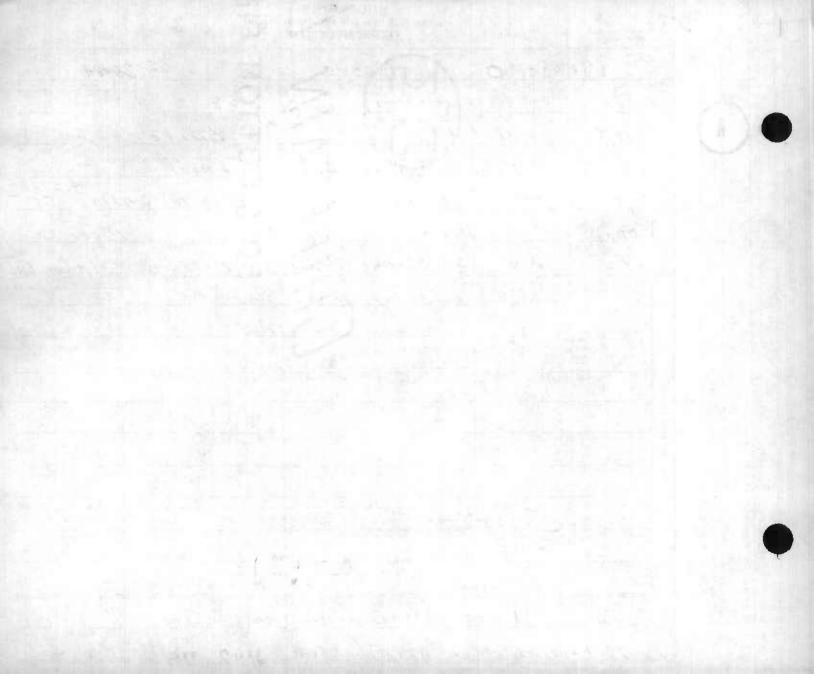
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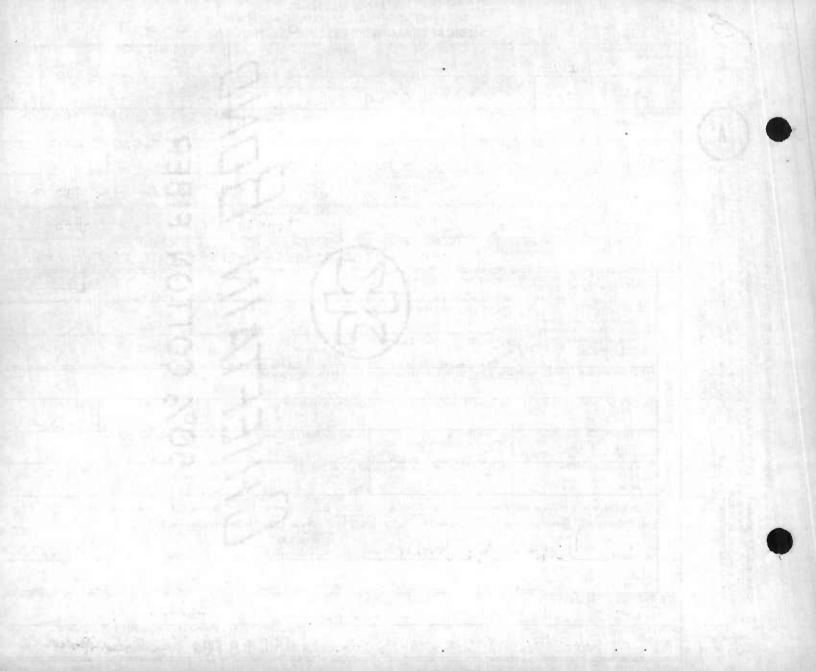
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CER REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN MONTH 26 HOUR LITYPE OR PRINTI OF ESTI-GEORGE MOORE 12 DEATH MATED X 13 1984 E 5 FOR YOUR FILED, WITHIN 72 HO 4. RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 14 HOUR 2c DATE YEAR LAST BIRTHDAY) PRONOUNCED 14 1984 1946 DEAD Male Black PM To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City Floridia WIDOWED DIVORCED 2. AND 3 TO THE FIG. 3. RETAIN PAGE 5 2 SHOULD BE FILED, AL RECORDS, 201 W FILED, 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) 302 Park Ave. Janitor Baltimore Cleaning ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 302 Park Avenue YES X NO T. PAGES 1 AND 2 SI DIVISION OF WITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE Joe Moore Willie Mae Jackson 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 7. INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) 265-90-8112 Ann Johnson ALONG W 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYC IL, CREMATION, OR REMO Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NT OF HE BURIAL, 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHC EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE UI AFTIRE DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR, TO BURI YES X NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 224 I certify that I taak charge of the remains described above, held an Inquiry Inspection death resulted fram Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 12-15-84 Mn Assistant SIGNATURE EXAMINER'S NAMI Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial 12-24-84 Swift Creek Cemetery 07/84 BP White Springs. Hamilton.Floridi 25M 24. FUNERAL DIRECTOR **DHMH - 17** who Davidon Marzullo Funeral Service Reisterstown, Md. (VR A15 ME (5))

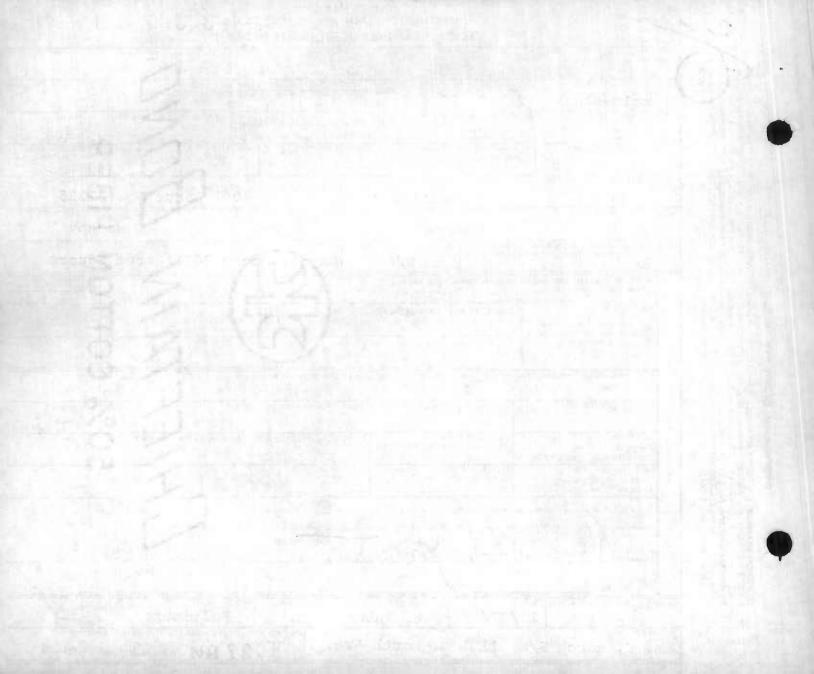




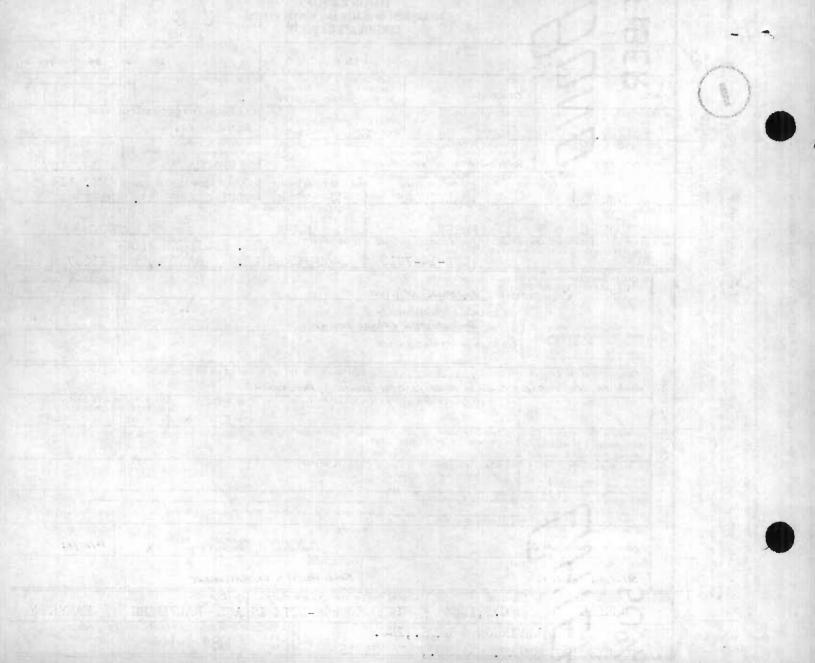
	1		FOR STATE		EPARTMENT OF	HEALTH	24 4	- 4	304	8	
	~		REGISTRAR	MED	MIDDLE MIDDLE	IER'S C	ERTIFICATE		REG. NO.	9	
			CEASED NAME FIRST E OR PRINT)				LAST		KNOWN X MONT	H DAY YEAR	26. HOUR
	ELES.		Marvin		Α.		Moore		MATED 1	2 12 1984	M
	PA STREET		Male Blac	s. DATE OF BIRTH	YEAR LAST BIRTHO	MONTI	DER I YR. IF UNDER	MIN PRONOL	INCED		24 HOUR
	No. IN		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WH	AT COUNTRY?	8 MAPP	ED NEVER MARR	9 BALTI	MORE CITY OR COU		10.12
	1 3 5 8 F	10	Md.	US	SA	WIDOW			imore City	7	MD
		100	TY OR TOWN OF DEATH	( IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)		Y-S-CHILL		UPATION (TYPE OF WOR		
	DOW HOU		Baltimore	North and	d Linden Av	ve (P	arkingLot)				
21201	S SECOND		TATE 13b COUL		Balto.	ION)	134 INSIDE CITY LIMITS?	13e 2016 I	Linden Av	re. 2121	7
SALTIMORE, MD.	PATH.	14. F/	THER'S NAME Charles St.	Pantry	LAST		is MOTHER'S MAIDE		WIDDLE	Moore	
AOR	20,8 €0 —	16a. V	VAS DECEASED EVER IN U.S. AL		166 SOCIAL SECURIT	Y NO.	17 INFORMANT		ADDRESS		
SALTIA	SAFTER SIVE P TH FO PAGES VISION	(1	es, no, or unknown) (if yes, giv	E WAR OR DATES)	218-88-	1484	Glennie	Walkins	s 2016 Li	inden Av	е.
PRESTON ST., I	HOUR IN THOUSENE, SENE, AL.		PART I DEATH WAS CAUSE	ED BY: ATE CAUSE (a) Guns	ITIZEN OF WHAT COUNTRY?  USA  NAME OF HOSPITAL, NURSING HOME, OR O FENDT IN SUCH FACILITY, GIVE STREET ADDRESS)  OTH AND ITIZEN OF WHAT COUNTRY?  LAST  TETY  LAST  TOTAL AND STRESSIPPINCE BEFORE ADMISSION)  13c CITY OR TOWN  Balto.  DIF  CASS  CAUSE PER IDENCE BEFORE ADMISSION)  13c CITY OR TOWN  Balto.  DIF  LAST  L		nest Weapoi	n: Unspec	cified	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
V. PREST	WITHIN NICL IN AINER A AINER A TRANSIT VIAL HY VIAL HY		Canditions, if any, which gave rise to immediat cause (a) stating the under	(b)					1-12		
5, 201 V	CUTED IN PE SRIAL- ND MET	Ä	lying cause last.	(c)							
CORD	m = = AIS	NO	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERI	WINAL DISEASI	OR CONDITION GIVEN IN PA	RT 1 (a)			
DIVISION OF VITAL RECORDS, 201 W.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY PELLY STATE OF THE DEATH. IF ANY PELLY STATE DEATH. IF ANY PERSON OF SECURIFICATE, WRITING THE WORD "PERDING" IN PENCIL IN TERM IS GIVE PAGES 1, 2, and 10 THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. BETAIN IN RESPONDE TO FHE CHIEF MEDICAL, EXAMINER ALONG WITH FORM PM 3. BETAIN IN RESPONDE TO FINE MEDICAL EXAMIT. PROBES 1 AND 2 SHOULD BE LIED FRIEND AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PECKES.  BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	IFICATI	196 DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?		N. L.	20. AUTOPSY?	
VOFV	PARES S	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL BECOMES  AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL BECOMES  BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.  APPENDIX ARTHURST OF 18 CONTRIBET.  AMEDICAL CERTIFICATION  14 15  AMEDICAL CERTIFICATION  APPENDIX BROWN AND ARTHURS	210 EXTERNAL CAUSE WAS	HOUR A.M.	MONTH DAY YEA	R	OW INJURY OCCURRE	D LENTER NATURE OF I	NJURY IN ITEM 18 PART 1 OR		NOL
So	ニのトエマン	DICA	CONTRIBUTING CAUSE OF				oject shot				
DIVI	ARDEI ARDEI ARDEI AGE 3 ATE DE	WE	WHILE NOT WHILE	STREET, FACTO	DRY, FARM, ETC.)	5	Blk Lennox	city or to		OUNTY D_	STATE
			220. I certify that I taak char			11	sy XX Inspection			apınıan	991
	EXAM DEETIF NID BE DIREC WITH		A1.	pral causes [ ],	Accident L. Su	picide 🔲	TITLE (SPECIFY)	Undetermined n	nanner [].		
7.	SHOULD SH	-	SIGNATURE WOR	are Wo	yould	M	Assistant	MEDICAL EXA	MINER SIG	E 12/13/	/84
	SECUT AGE 4 O FUN ALTIM	-		garita A. H			ADDRESS 11		reet,Balto	,MD 2120	L
07/84		(:	URIAL, CREMATION, REMOVAL Burial	12-18-8	23c NAME OF CE Arbu			23d. LOCATION CITY OR TOWN Ar	butus Md	ATS YTMUC	ATE
25M	Marie Land	-	JNERAL DIRECTOR  NAME  M. C. March	F/H 1101			250. DATE	1 8 1984	AR 256 REGISTRAR'S	-	



2	Lad	dion of Item		DEPARTMENT OF	HEALTH AND W	AENTAL HYGIE	0 0 0	4 1	
1		REGISTRAR CEASED NAME FIRST		MIDDLE	LAST	ICATE OF DE	20. DATE KNOWN XX	MONTH DAY YEAR	26 HOUR
SEE C	SE	Mich A RACE	S. DATE OF BIRTH	M . 6. AGE (IN YE. LAST BIRTHD)			OF ESTI- DEATH MATED  1. 20 DATE PRONOUNCED	12-23 19 84	2d HOUR
O TO SE	-	emale Black	2 8	82 2 YF	. Morting Barrs	Hours Min.	DEAD	12-23 19 84	10:48 a. M
	5	MRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WE	A	WIDOWED -	DIVORCED	Baltimore	City,	MD
ELAY IS TO THE SX 2011	3	Baltimore	South I	PITAL, NURSING HOME CILITY GIVE STREET ADDRESS! Baltimore G	eneral Ho	sp.	SUAL OCCUPATION (TYPE O R MOST OF WORKING LIFE)	FWORK 12b KIND OF BUS OR INDUSTR	
21261 ANY D AND 3 RETAIN HOULD PECORE		AL RESIDENCE (IF IN NURSING HO		Baltimor	e 13d INSIDE	CITY LIMITS? 13 3	21 Larue S	q. 21225	
ME, MD.	00	Ray		oore	1	HER'S MAIDEN NAM PIRST Dorcas	MIDDLE	Mackey	
ALTIMO AFIBE I SIVE PACES I VISION (	160	WAS DECEASED EVER IN U.S. YES, NO. OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURIT			re 3021 Lar	ue Square	
IL RECORDS, 201 W. PRESTON ST.  SID BE EXECUTED WITHIN 24 HOU  "PENDING" IN PENDIC, IN ITEM IS  EN AS A BURIAL TRANSIT PERMIT  HEATH AND MENTAL HYGIBNE.  "CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT CONDITI	USED BY: DIATE CAUSE (a) DUE TO, OR hich iote der (b) DUE TO, OR (c)	Hepatitis, as a consequence of Streptoc as a consequence of	coccemía of			BETWEEN ONSET	AND DEATH
HITAL RESPONDED TO THE MANAGEMENT OF HEAD A URLAL. O	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	ATION WAS PERFO	RMED?		20 AUTOPSY?	, но 🗆
DIVISION OF VITAL RECORDS S CERTIFICATE SHOULD BE EXECUTED THE WEBLICAL RETAINS THE WASHING RETAIN OF HEALTH AN E DEPARTMENT OF HEALTH AN DI PRIOR TO BURIAL, CREWATI	DICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE 216 INJURY OCCURRED	OF DEATH P.M.	INJURY MONTH DAY YEAR 19 DE INJURY (AT HOME.	216 HOW INJUR	Y OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 PAI		
DIVI THIS CE WARDEL WARDEL PAGE 3 21201 P	ME	WHILE NOT WHILE AT WORK		ORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: PAGE 4 SHOULD BE FORT TO FUNERAL DIRECTOR. AFTER DEATH. WITH THE SHALLINGSRE. MARYLAND.	2	death resulted from: N ACTUAL SIGNATURE	ennis F. Sm	Accident . Su	TITLE	SPECIFY) Sistant ME	etermined manner .	DATE 12-24, Md. 2120	
DAG PAGE	23a. §	SURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEA	METERY OR CREMAT	TORY 23d. I	OCATION	COUNTY MD STA	
07/84 BP	24.1	Burial	12/27/84	Mt. Au	uburn Ce		Baltimore By REGISTRAR 125b. REGIST		
DHMH - 17 (VR A15 ME (5))		m. C. March	F/H 1105	E. North	h Ave.			avidson-Aandale	-



and the state of t CANAL STATE OF THE Mary and II.o.A Company Burgins 2 plane in the state of Gudal 2/15/64 December - Victor Eucopeanier, Mosenner, Va. Wellston a soul Ki - 1005 Cuntantant ut., -100.



the	1.	FOR STATE REGISTRAR	1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 3 0 4 4 CERTIFICATE OF DEATH REG. NO.									
, B;		CEASED NAME OR PRINTI	FIRST LLEN	Č	IDDLE		SLEY	2a. DAT		12	9		9:05p
ge 4 ector, irs off	Maie Maie			RACE Black		5. DATE C	17 18	6 AGE	(IN YEARS LAST BIR	YRS.	MONTHS	R 1 YEAR DAYS	HOURS MIN.
funeral dir thin 72 hou		RTHPLACE (STATE OR F		USA		WIDOWE	Irad	T I	MORE CITY O			ATH	M
Softer Softer		BALTIMORE		VAMC™39	OO LOCH	RAVEN	BLVD 21218		JAL OCCUPATI WORK FOR MOST O			KIND OF USTRY	BUSINESS OR
filled in nould be		AL RESIDENCE (1º NURS) STATE Md.	136 COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Balto.	N	136 INSIDECITY LIMITS		B17 Th	zip cor e AI	ame	da	21218
ompletely ond 2 sl	0	James	A		losley		15. MOTHER'S MAIDEN  Lummie	NAME	WIDDLE		ade	LAST	
n and co	1	vas deceased ever yfs no or unknown) Yes		WAR OR DATEST	2372063		VAMC 3900	LOCH I	RAVEN B	LVD E	BALTO	), M	2121
ne deoth certificate te attending physici move corbanpapei matian, ar removol.		Conditions, if ony, gove rise to immrouse (o), status	AS CAUSEE IMMEDIATI which nediate	DUE TO, OR	Carolina A CONSTITUTE	NCE SE	Imanary Reval A	Arr	est			APPROXIA	AATÉ INTERVAL NSET AND DEATH
requires that the signed by the Then please rar to burial, cre injury, or other	NOI	underlying couse	lost.	(c)	AS A CONSEQUE		NOT RELATED TO THE TI	JEAS ERMINAL DIS	EASE OR CON	DITION GI	IVEN IN	PART IIO	
icion.  The low icion.  Te hos bee isst permit.  Giene prior shows ony	CERTIFICATION	190 DATE OF OPERAT				ION FOR WHICH OPERATION WAS PERFORMED			UTOPSY?	IN CERT	IFYING (	CAUSES	GS USED OF DEATH? NO
HYSICIAN The nating physicism his certificate buriol-transit dimental Hygin or Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	P.A 21e. PLACE C	A. MONTH DA A. DEINJURY	19	216 HOW INJURY OCC	CURRED (ENII	CITY OR TO			PART 2)	STATE
TTENDING P putal or atte TOR: After the for use as the of Health are	×	WHILE NOT WHAT WORK 220 I certil	thin help		et, FACTORY, OFFICE, F	NOVEN	BER 30 19 8 d that in XX (our) opin	, 10_	ECEMBER	9	, 19	84	haXX (we) los
TAL OR A y the has RAL DIREC detached tote Dept VT: If them		17h GIGNATURE	h	MS	anker		DEGREE ATTENDING PHYSICIAN		AL STAF		213	DATES	H89
SPP SPP STAN	/	HE PHYSICIANS NA	ME (TYPE OF	PRINTI	10	1	22e ADDRESS				-	1	1

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Burial MERAL DIRECTOR Wm C March F/H 1101 E. North Ave.

12/16/84

236 DATE

THE BURIAL CREMATION, REMOVAL

Whiteville, N.C. Cherry Grove Ch 250. DATE REC'D.

3900 LOCH RAVEN BLVD Baltimore,
RYOR CREMATORY 23d LOCATION
CITY OF TOWN

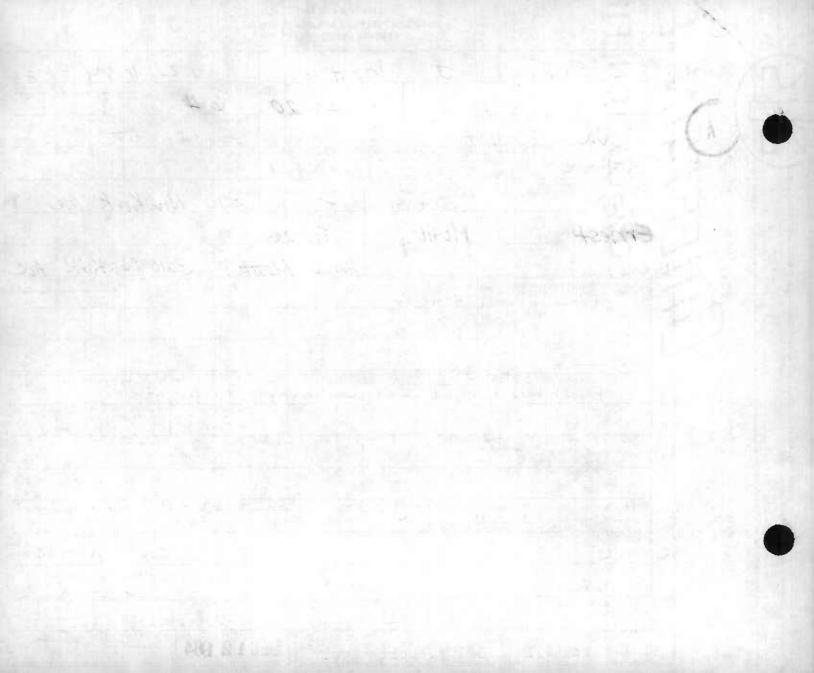
25 REGISTRAR'S SIGNATURE

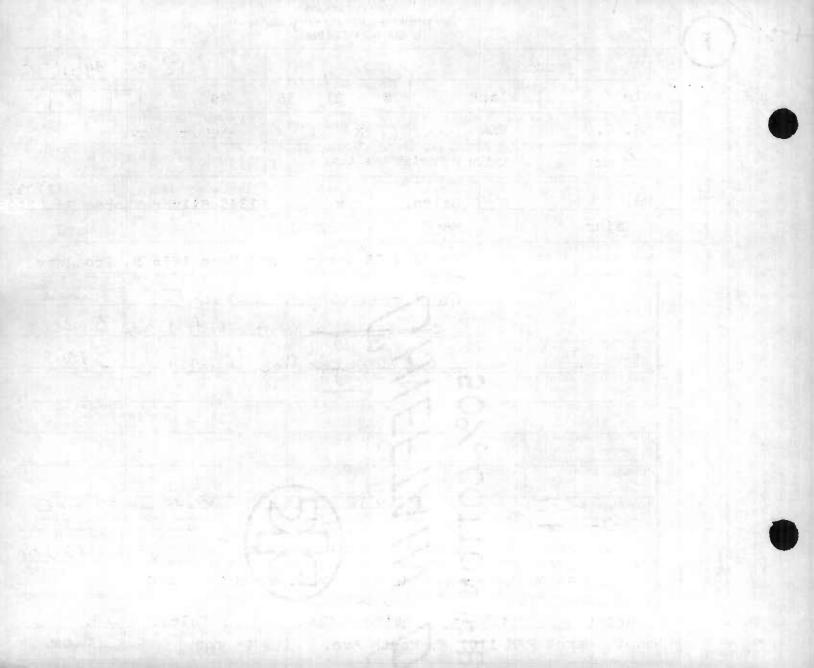
21218

STATE

Carolis Pinas A La Personal Jersen an took of rottood

FOR





STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 3 0 4 7

	REGISTRAR				CEKITIF	ICATE UF	PEATH	RE	G. NO.		
	FEMALE  INTHPLACE (STATE OR FOREIGN  Maryland  INCITY OR TOWN OF DEATH  Baltimore  SULAL RESIDENCE (IF NURSING HORS)  SAS STATE  Maryland  I FATHER'S NAME  WILLIAM  WILLIAM  WILLIAM  WES NO OF UNKNOWN) (IF YES NO OF UNKNOWN)  II CAUSE OF DEATH (Enter PART I. DEATH WAS CALL IMME!  Canditions, if any, which gave rise to immediate cause (a), stating the		N	AIDDLE	L	AST		20. DATE OF DEA	ниом НТ	DAY YEAR	2h HOUR
TYPE	OR PRINT]	AGNES		M.	M	TUR PHY			12-	21-84	1:50A
3 SE	X	4	. RACE		5. DATE C	F BIR/H		6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	
1			WHI.		MONTH	7	09	75	YRS		HOURS MIN
P	COUNTRY	FOREIGN 7	7	WHAT COUNTRY?	MARRIE	NEVER	MARRIED -	9 BALTIMORE CI	ITY OR COUN	ITY OF DEATH	
	-		U.S		WIDOWE		VORCED [	Balt	imore (	City	N
Ba	ltimore	X	St. A	OSPITAL, NURSIN H FACILITY, GIVE STREET A Agnes Hos	ADDRESS) Spital		TITUTION	120. USUAL OCCU ITYPE OF WORK FOR A Time C	JPATION NOST OF WORKING <b>lerk</b>	12b. KIND INDUSTRY Produc	Metal ts Mfgt
5 13a S	laryland	18 COUNT	imore	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Catons	N .	13d INSIDE (	NO 🔼	13e STREET ADDR 608 Me		DE	228
IA: EA	41043	M	DDIE	JAST			S MAIDEN NA		DIE	1.5	124
20	William	n	L.	Abe1			Bertha		E.	W	a11
			ED FORCES?	16h SOCIAL SECU	RITY NO.	17 INFORMA	INT	A	DDRESS		
4	NO	111 163, 0146	WAR OR DATES	215-12-7	7902	Dona1	d L. Mu	urphy 608	Meyers	Dr. 2	1228
CERTIFICATION	gave rise to imi	mediate ng the e lost.	DUE TO, OR  (b)  DUE TO, OR  (c)	nemia	NCE OF NCE OF N TOY DEATH BUT	meda, and not related hypothesis performance of the second	nato	color  Layper  MINAL DISEASE OR  200 AUTOPSYS  YES   NO	20b. IF Y	GIVEN IN PART I	INGS USED
MEDICAL CER	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR	TO ACCIDENT WAS UNDERLYING TO A CONTRIBUTING TO CAUSE OF DEATH TO THE PART OF				(S PART ) OR PART ?)	STATE				
/	270.1 certify that (I) sow the decease obove, (I) (we) (c) 27b. SIGNATURE	(this haspita ed alive on _ did) (did not)	view the bady of	mes	84. on	d that in (my)	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR P	the date and h	our and from the	that (I) (we) lo e couses stated E SIGNED
	CON	1, 7	Je			31	120,00	4 1 00	1 11/13		1 1 1
	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR		23d LOCATION	WN	COUNTY	STATE
	Burial		12/24/	/84 M	leadow	ridge	Mem. Pk	. Elkric	dge	Howard	Md.
	JNERAL DIRECTOR			ADDRESS	2122		25a. DAT	E REC'D. BY REGIST	IRAR 25b. REG	ISTRAR'S SIGNA	TURE
Hu	bbard Fune	eral Ho	ome, Inc	c. 4107 W	ilken	s Ave.	UE	U 24 to8	A Guis	Luirdson	Rana

DHMH - 16 50M 4/B3 (VRA 15, 4)

Nobel and Nobel (1966)				
Fig. 1 ansors Time Transcript	stilledi cima		priority inti	
to 0.022 pared report 100 ff to 5 ff of	Chicongrafia et	rate with \$1	Linders	
TOTAL STREET,				
To the law server out to past it is not	THE CONTRACT OF			

Film G603 items 7a, 7b

at - CES () 63 5 ---615-1

(VR A 15 (4))

STATE OF MARYLAND

LONG S. Cotton We. Malt: M. 21929 THE William L.

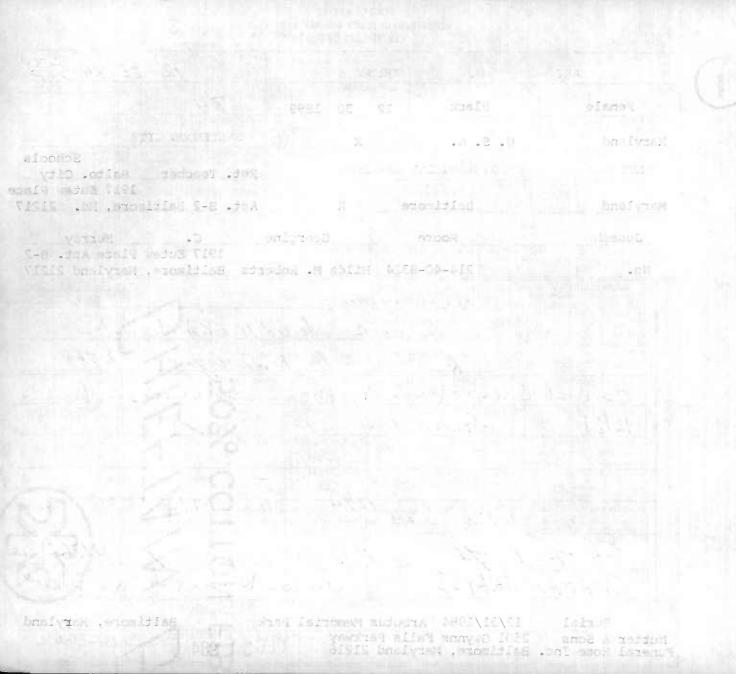
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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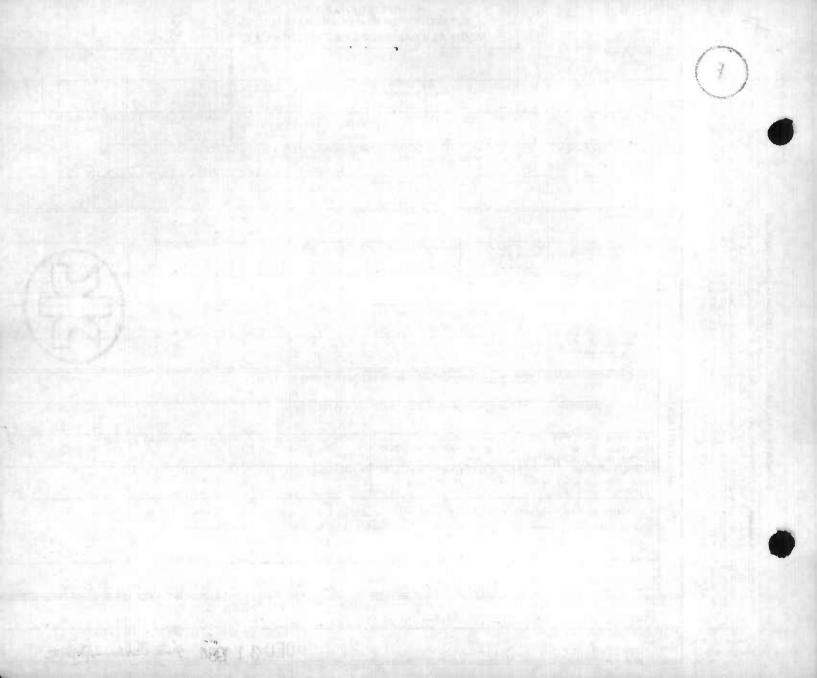
	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	0 4	REG. NO.	0 0		
1		CEASED NAME FIRST	1	AIDOLE		AST	20	DATE OF DEATH MON	TH DAY	YE AR 2b	HOUR Z D
1	liter	MARY	I	1.	MURR	PAY		12	26	84 3	5 PM
1	3 SEX	(	4 RACE	-12-10	5. DATE O			GE (IN YEARS LAST BIRTHDA	Y) IF UND	-	UNDER 24 HRS
-		Female	В	lack	12	30 1899		84	YRS.	DAYS HO	DURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIE	9 8	SALTIMORE CITY OR C	DUNTY OF D	EATH	
6		arvland	U. S	. A.	WIDOW			BALTIMORE	CITY		MD.
		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTIO	N 120	USUAL OCCUPATION	126	KIND OF BU	
1/	E	BALTIMORE		MEMORIAL		ITAL		PE OF WORK FOR MOST OF WO			
I	USUA	AL RESIDENCE (IF NURSING HOME O						et. Teacher		lto. C	
1	13a. S	TATE 136 COU		13c. CITY OR TOW	N	13d. (NSIDE CITY LIM	-	STREET ADDRESS / ZII			
2	_	aryland I	-	Baltimor	re	YES NO		pt. B-2 Bal	Ltimore	Md.	21217
	14 FA	FIRST	WIDDLE	LAST		FIRST	EININAME	WIDDLE		LAST	
9		Joseph		Moore		Georg	ine	C.		Murray	/
		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		1917 Eut	aw Pla	ce Apt	B-2
		No.		214-40-8	3324	Hilda M. R	Robert				
		18 CAUSE OF DEATH (Enter o		line for to1, (b1, one	d (ch.)					APPROXIMATE	
	- 6	PART I. DEATH WAS CAUSI	ED BY: .TE CAUSE (0)	Resira.	bry	arrest.				3WKC	Bonada
		, , , , , , , , , , , , , , , , , , ,		R AS A CONSEQUE	NICEOF	^		August 1			
	140	Conditions, if ony, which	(b)	Diahel	20 c.l.	'A intec	ted/	1. BKA	leuku	-	
	-	gove rise to immediate couse (a), stating the	10,	100000000000000000000000000000000000000						. 10	
		underlying couse lost	(c)	R AS A CONSEQUE	Au	1, in fr	hem	plegia	-	Zyrs	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	ETERMINA	L DISEASE OR CONDITI	ON GIVEN IN	PART Ito	
	CERTIFICATION	Cardial	disce.	- 2 c fang	力	), Abd	rua	wiffen	21/0	cupe	mig
-	CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED			6. IF YES, WER		
-	TIE	12/21	17	rected	17-	mp		YES NO	YES		10 🗆
	E	210. ACCIDENT WAS UNDERLYING	216. TIME O		AY YEAR	216 HOW INJURY O	CCURRED	(ENTER NATURE OF INJURY IN	ITEM 18 PART I OF	PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DE	AIT!	_	19	***************************************					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION		CITY OR TOWN		YTAUC	STATE
	E	WHILE NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR TOWN		JUNIT	SIAIE
		22a.1 certify that (I) (this hosp	ital) attended the	e deceased from_	/	12/4 19	84	to_ 12/21	5 19	4 that	(I) (we) lost
		sow the deceased alive or	12/2	619_5	84,0	nd that in (my) (our) of	pinion deot	h occurred on the date of	and hour and	from the cous	ses stoted
3		obove, (I) (we) (did) (did no 22b. SIGNATURE	of) view the body	offer deoth.		DEGREE_			2	2c. DATE SIGI	NED a
		Chasch	An	IV		M. ) ATTEND PHYSIC	ING M	NEDICAL STAFF	7	12/26	5/84
		224. PHYSICIAN'S NAME THE	OR PRINT)	VET		22e ADDRESS		197 370	1	2'	0
		GHASSA.	UHRA	177		Uni	1-0	Janon	4 17	-21).	120
		URIAL, CREMATION, REMOVAL				EMETERY OR CREMAT		236 LOCATION CITY OR TOWN	coul	VIY	STATE
		Burial	12/31			Memorial	Park	Ba	ltimor	e, May	yland
		utter & Sons	2501 G	wynns Fal	ls Pa	rkway 25	DEC :	C'D. BY REGISTRAR 256.	REGISTRAR'S	SIGNA TO	dell
	Fu	neral Home Inc.	Baltim	ore, mary	rand	21210	ULU,	D 1 1904		,	

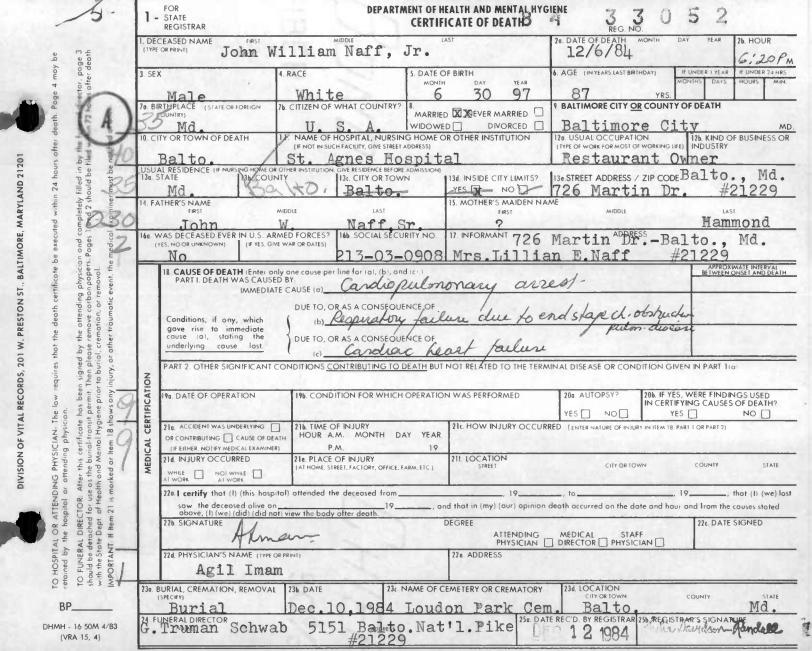
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



4	-		FOR 17 7	3-22a 2 m#600	2/19/		tb Epartmi			ARYLANI AND ME		GIENE	~ ~	<b>7</b> 13	5	1	
-	1		STATE FILL	штооо		MED	ICAL EX	CAMINI	ER'S CI	ERTIFIC	ATE OF	DEAT	H	REG. NO.		4	
	1		CEASED NAME E OR PRINT)	FIRST			MIDDLE	•	L	AST		20.	DATE KN	NOWN X	HINOM	DAY YEA	26. HOUR
	De in the	0.0	Convenient	TERF	RY	LYN	N		MY	ERS			DEATH M	ATED	12	26 19 8	4
	TEST Y	3. SEX	4	RACE	S. DATE	OF BIRTH	YEAR 6.	AGE (IN YEA		ER I YR.	IF UNDER 2		DATE	ED	HTHOM	DAY YE	10:2
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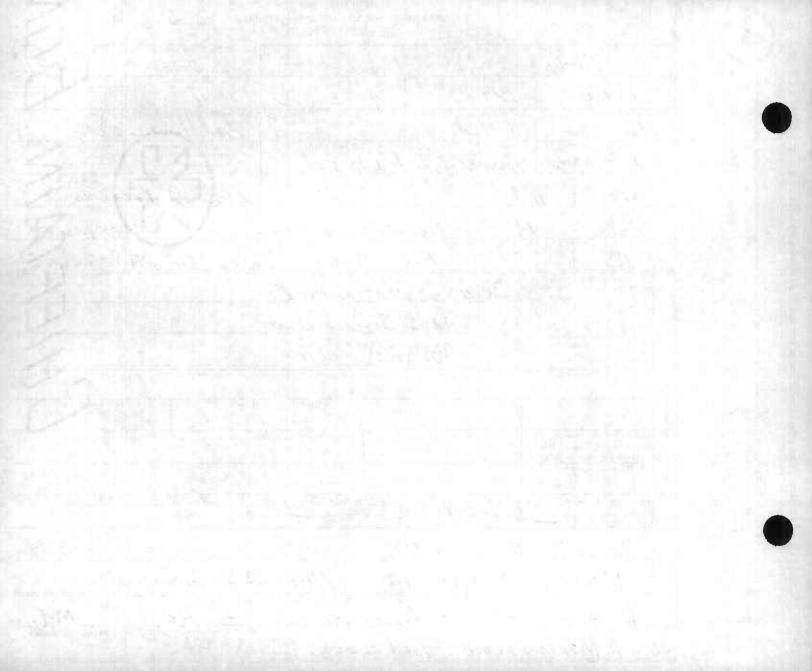


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) WALTER NAGRABSKI DECEMBER 23 19841 2:10 RM 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR 4. RACE 3. SEX 1913 White Sept. a BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COLINTRY 115,1 Baltimore WIDOWED DIVORCED [ IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR THE OF WORK FOR MOST OF WORKING LIFE Bultimore INDUSTRY hurch Hospital lectrician USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130.STREET ADDRESS / ZIP CODE 1136 COUNTY Balto. 13d INSIDE CITY LIMITS? Md. S. Castle St. 21231 L FATHER'S NAME IS MOTHER'S MAIDEN NAME AA IFYEN I E Poseph Nagrabski Sophia Kuznar 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 219-01-3632 Caroline Nagrabski 108 S. Castle St. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (p) OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. SEPTIC SHOCK PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CHRONIC OBSTRUCTIVE LUNG DISEASE; ANGINA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NONE NOX YES [ NO F 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220-1 certify that (1) (this hospital) attended the deceased from NOVEMBER 29 1984 ... DECEMBER sow the deceased alive on DECEMBER 2310 84 and that in (my) our opinion death accurred on the date and hour and from the causes stated above, (1) (ve) (did vdid not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED. ATTENDING MEDICAL 23 PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 774 PHYSICIAN'S NAME (TYPE OF PRINT) KHK CHURCH HOSPITAL CORPORATION, CAROL S. RAMSEY th the 100 XXXX N. BROADWAY, BALTIMORE, MD 21231 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL Nurial 12-27-1984 Holy Rosary Cem. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 ie Davidson-Randalle John M. Weber & Sons Inc. 40 Press. Thester St. (VRA 15, 4)

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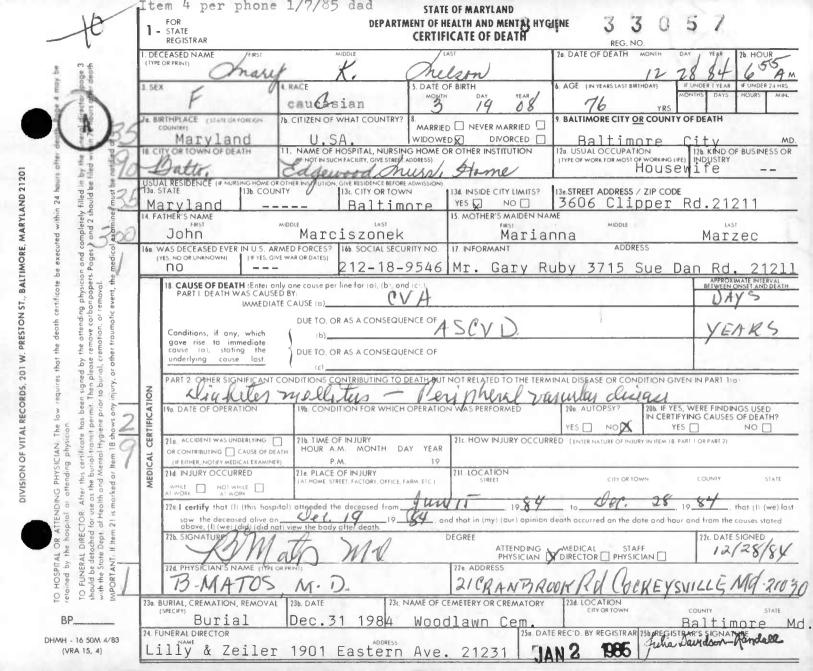


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ALTYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR NELSON 20. DATE OF DEATH 2b. HOUR 1. DECEASED NAME (TYPE OR PRINT) (HARRIETT VIOLETTA NELSON ) DEC. 2:15pm IF LINDER 2J HR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 5 DATE OF BIRTH 3 SEX NOV. 3° 1916 68 FEMALE NEGRO BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY TO. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE CITY MARYLAND U.S.A. WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) GENERAL CLK AGNES HOSPITAL BALTIMORE CITY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE DORSEY HÄRRIETT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO (YES WOP UNKNOWN) LIF YES, GIVE WAR OR DATES! POULSON/5103 EDMONDSON AVE. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), i PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR EQINDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH CHE ATION WAS PERFORMED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [ 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, X 7, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated sow the deceased alive on\_ above, (1) (we) (did) (did nat) view the body after death. 22c DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL

22e ADDRESS

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DHMH - 16 50M 4/83 (VRA 15, 4)

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CROWNSVI

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JNERAL DIRECTORMARSHALL W. JONES, JR

22d PHYSICIAN'S NAME THE COLOR

Olamedmondson Ave., BALRO., Md. 21229

DEC 24 1984

PHYSICIAN DIRECTOR PHYSICIAN

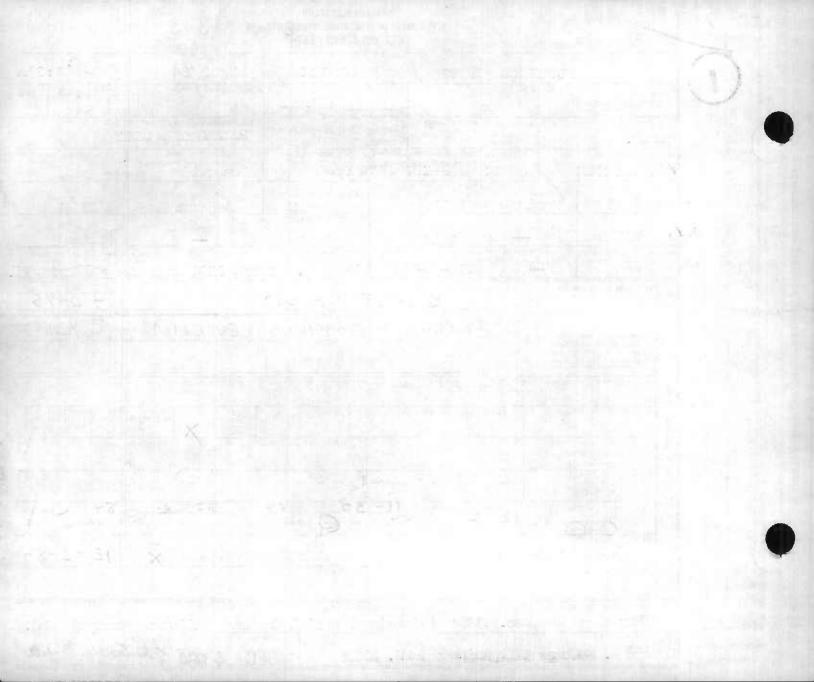
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	Penna.	USA		WIDOWE	D DIVORCED	BALTIMOR				MD.
1	BALTIMORE	JOHNS	HOPKINS	HOS	SPITAL	The USUAL OCCUPATION OF VERY HOUSEWIfe	VORKING LIFE) IN	DUSTRY	BUSINES	SOR
1	Maryland		13c. CITY OR TOWN Fallstor	1	YES NO 🔀	13e STREET ADDRESS / : 3206 Hunt		210	)47	
Ž	William	MIDDLE	Davison		IS MOTHER'S MAIDEN NAM FIRST Susan	ME MIDDLE		Matte	25	
ĭ	IM WAS DECEASED EVER IN U		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRES				
4	(YES, NO OR UNKNOWN) (IF	YES GIVE WAR OR DATES)	172-14-78	844	Albert W. Nem	enz, 3206 Hu		Fall		
	PART I. DEATH WAS C	nter anly ane cause per AUSED BY: AEDIATE CAUSE (a)	line far (a), (b), and	ÀS-	T CRISIS			BETWEEN ON	ATE INTERV USET AND D	ÉÀTH 5
	Canditians, if any, wh gave rise to immedic cause (a), stating to underlying cause Ic	ate )	AS A CONSEQUEN		JEL0GENOUS	LEVKEM	IA	3)	/EAT	25
7	PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY!				NOT RELATED TO THE TERMI	20a AUTOPSY?	TION GIVEN IN  20b. IF YES, WER IN CERTIFYING  YES	RE FINDING		
i	OD CONTRIBUTIONS CALLED	OF DEATH HOUR A.	M. MONTH DAY		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OI	R PART 2)		
	(IF EITHER NOTIFY MEDICALE)  21d INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE (		RM EIC )	211 LOCATION STREET	CITY OR TOW	۷ ((	OUNTY	ST	ATE
	220.1 certify that (1) (this	hospital attended the live an did not view the bady	9	, di	d that in (my) (aur) apinian of DEGREE  ATTENDING PHYSICIAN	death accurred an the date	2	from the co		e) last ed
20	228. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS	, succion in the control of				
	230. BURIAL, CREMATION, REM	Dec.4,			emetery or crematory  w Memorial Ga:			rford	M	id.
	Howard K. McCo	mas III, Al	oingdon, M	Md. 2	1009 250 DATE	FC 4 984	b REGISTRAR'S		A nada	之

DHMH - 16 60M 7/84 (VRA 15, 4)



tuneral Home of Pasadena

lick Weck Roads Pasadena. Md. 21122

FOR

REGISTRAR

- STATE

DHMH - 16 50M 7/77

(VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH MONTH

984

YES [

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

22c DATE SIGNED

MONTHS

SELINDER I VEAR

INDUSTRY

DAYS

2b. HOUR

HOURS

126 KIND OF BUSINESS OR

21225

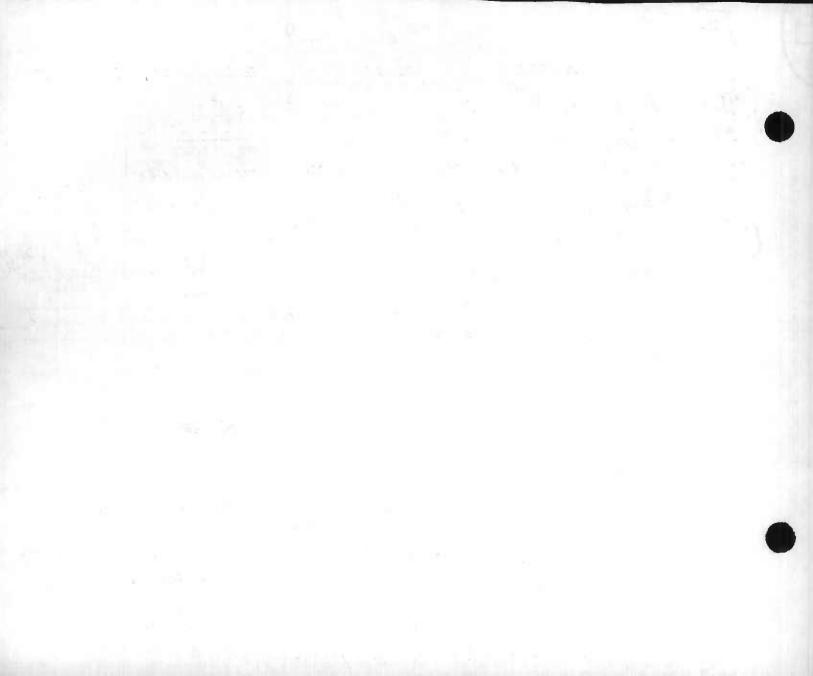
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IF UNDER 24 HRS

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

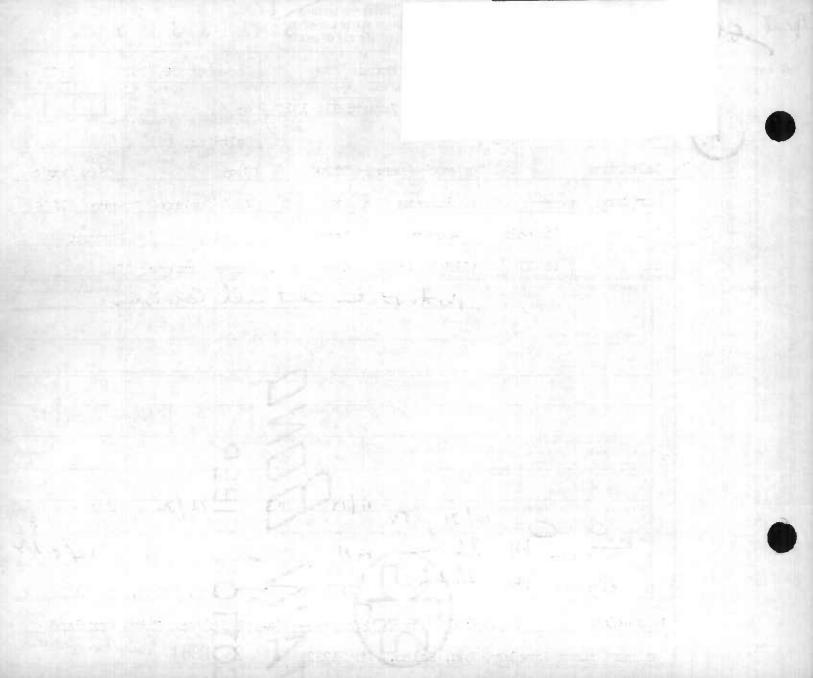
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		REGIS			CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME	_	MIDDLE		LAS1	20 DATE OF DEATH		AY YEAR	2b HOUR
	(TYPE	Claude	Jos	eph	Noor	nan	December 3	· ·		1:33 p <sub>M</sub>
-	3. SE X	(	4. RACE		5. DATE (		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	
5		ale	White			ist 31, 1919	65	YRS		HOURS MIN.
	7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	
	M	aryland	U.S.A.		WIDOWI		Baltimore	City		MD.
		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HEACILITY, GIVE STREET	G HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION		OF BUSINESS OR
9		altimore	4803 5	unbrook A	venue	21206	Clerk			Gov't
5	13a S Ma	at RESIDENCE (IF NURSING HOME OF TATE 13b COL		13c. CITY OR TOWN Baltimor	N	YES 🔣 NO 🗌	13e STREET ADDRESS 4803 Sunbi		renue	21206
		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDIE			AST
0	Pa	atrick Fr	ancis	Noonan		Mary	Helen		Barre	
	16a W	VAS DECEASED EVER IN U.S. A		16b. SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRI	SS		
	Ye	YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)		213-14-0	590	O Charles C. Noonan same as 1			3e	
		18 CAUSE OF DEATH (Enter of	anly one couse ner	line for (a) (by and	Lice	A .	- 1			XIMÁTÉ INTERVAL N ONSET AND DEATH
Н	1.70	PART 1. DEATH WAS CAUS	ED BY	11.	1	te Oct (	CON Con	112 200	BELVVEEN	ONSELAND DEATH
		IMMEDIA	ATE CAUSE (a)	There	70-22			anon	9	
			DUE TO, O	R AS A CONSEQUE	NCE OF					
		Conditions, if any, which	( tb)							
	- 1	gave rise to immediate								
		cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
			(c)							
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	la
	CERTIFICATION	19a DATE OF OPERATION	Tink COND	TION FOR WHICH	OBERATIO	DN WAS PERFORMED	20a AUTOPSY?	201 IF VEC	WERE EINER	INGS USED
4	FIC	198 DATE OF OPERATION	198. COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPST	IN CERTIFY	ING CAUSE	S OF DEATH?
1	RT						YES NO	YES		NO 🗌
3		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	110110 4	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJL	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
	AL	(IF EITHER NOTIFY MEDICAL EXAMIN	MIN	М.	19					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE			21f LOCATION	0.00.00.10		COUNTY	
Н	Z	WHILE NOT WHILE I	(AT HOME STE	REET, FACTORY, OFFICE, FA	ARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
	-	22a   certify that (1) (this has	nital) attended th	e deceased from		11 19 10 P.3	10 12 /	201 1	079	, that (1) (we) last
			1 0	1 ~	7 .	nd that in (my) (aur) apinian e	eath accurred an the d	ate and hour	- /	
	ш	saw the deceased alive abave, (1) (ye) (did) (aid r	at view the bady	dter death.		DEGREE				
		5	m .	1 de		A M ATTENDING _	MEDICAL STA		IR. DAII	2/3/184
_	+ 1	22d PHYSICIAN'S NAME LIVE	OD BROOT)	.//	,	22e ADDRESS	PHYSIC	IAN	1 ,	7 311
		2	1/4	Ha hu						
		Navis	V-C,	110		5601 Loch Ra	ven Blvd. I	Balto.	MD 2	1239
		URIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Cr	cemation .	12/31,	/1991 00	oon M	loumb Channel	Politimos	0:4	COUNTY	STATE Fore In
		INERAL DIRECTOR	1 12/ 31/	T304   GE	cen w	ount Cremators	REC'D BY REGISTRAR	25h. REGISTO	AR'S SIGNA	Talka
		NAME	22	ADDRESS	U.	VID 21222 .IA	REC'D. BY REGISTRAR	Lucia Do	widson	Mandell
	W.	alter Brooks B	rad low	Inc Balt	0	MD 21222   .IA	IN A MOD	A		•

Walter Brooks Bradley, Inc. Balto., MD 21222

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If them 21 is marked at Item 18 shows any injury, at other traumatic event, th



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 3 0 6 C

	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	). O.	0 0	
		CEASED NAME FIRST	M	IDDLE	l	AST			DAY YEAR	26 HOUR
	(IAbE	EDWARD	M.	1	NORMAN		1	2 15	84	1:15P M
	3. SEX	X 4	RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	1	Male	W1	nite	Sej	pt 14, 1903	81	YRS.	IONIAS DATS	HOURS MIN.
-		RTHPLACE (STATE OR FOREIGH 7)	. CITIZEN OF W	VHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
7		Maryland	U.S.	.A.	WIDOWE		BALTIMORE	CITY	A PLAN	MD.
4	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O			OF BUSINESS OR
1	18	Baltimore	VAMC, I	BALTIMORI	E, MD.	21218		Drive		
Z.	13a. S	AL RESIDENCE (IF NU TO ME OR O	Υ	13c CITY OR TOW	/N	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS			0.4.0.7.4
1		- 0	imore	Parkvil	le	YES NO.	8316 Nur	lley D	rive 2	21234
2	4 FA		IDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDLE		TT - 3 3	it .
K,	/	John M		Norma		Annie	H.	cc	Holle	
2			WAR OR DATES)	166 SOCIAL SECU		William M.				207 h Drive
			WW II	213-10-		11222200	TOTAL ))			IMATE INTERVAL ONSET AND DEATH
Я		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED			fast	the Proso	boto (1		BETWEEN	ONSET AND DEATH
		IMMEDIATE	CAUSE (o)	// (	LOVY!	NO 170 SO	we CA			
П			DUE TO, OR	AS A CONSEQU	ENCE OF					
d		Conditions, if any, which gave rise to immediate	(p)		+					
		cause (a), stating the underlying couse last.	DUE TO, OR	AS A CONSEQU	ENCE OF					
7	10		( (c)							
	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	O.
	CERTIFICATION	19a DATE OF OPERATION	19h CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED
1	IFIC	The DATE OF CITED AND A					YES NOT		YING CAUSES	OF DEATH?
	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY		21c. HOW INJURY OCCURR				
1		OR CONTRIBUTING CAUSE OF DEAT	n	A. MONTH D						
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.A.		19	21f. LOCATION				
	MEI	WHILE NOT WHILE		EET, FACTORY, OFFICE,	FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
H	9	22a I certify that (X (this hospital	all attended the	deceased from	11/20	1984			19_84	that (X (we) last
		saw the deceased alive on abave, (V (we) (did) (3/3/1)/1)	10/11	-		nd that in XXX (our) opinion o				
ð		abave, (V (we) (did) (d/d/n/t) 22b. SIGNATURE	view the bady o	after death	-	DEGREE			22c DATE	SIGMED /
×		11	TAL	1/	2	A ATTENDING	MEDICAL STA		1-	2/18/81
		22d. PHYSICIAN'S NAME (LYPE OR	PRINT)	-		22e ADDRESS	J DIRECTOR THITSIC	, IAIN E		1.909
	-		1	(im	MID	3900 Loch	Raven Blvd.	Balt	imore.	Md 21218
-	23a. F	BURIAL, CREMATION, REMOVAL	236. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		(SPECIFY) Burial	Dec 19			y Valley Mem.	Cockeys	ville	COUNTY	ryland
	24 FI	UNERAL DIRECTOR	1000 13	TOOT	AT CLIFE		E REC'D. BY REGISTRAR			No.
		Leonard J. Ruck	, Inc.	Baltime	ore, N	Maryland DF	C 1 7 1004	Lulia	Triida	አ

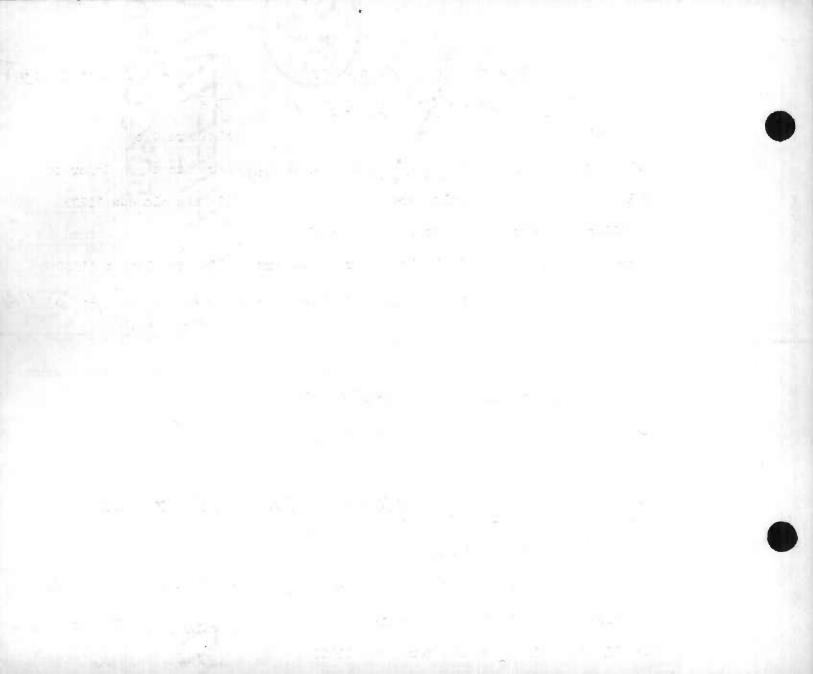
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

OR ATTENDING PHYSICIAN: The

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		x		.0	haelgrait
	AN ALL				eromitim)
Ley Sylve (2) North	THE STEE	Z.	311.17.12.1		The Carl
of Light		stank	113    10	91.4.2	ESTATE.
wish plans mon h	(Confidence		21)-10-1236	II AN WAR	Ear

	1.	FOR STATE	1	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENT & HYC	ELENE 3 3 0	6 4
	L	REGISTRAR CEASED NAME FIRST	MIDDLE	CERI	IFICATE OF DEATH	REG. NO.	DAY YEAR 2b. HOUR
oy be age 3 death		ORPRINT) HER	_	BA	ORRIS	12-	9-84 5.53
d me dater	3. SE	MALE	4. RACE WK	rite "	E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	MONTHS DAYS HOURS MIN.
death. Page	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT	MAR	RIEDXIX NEVER MARRIED U	Baltimore City or Count	
s offer	10 CI	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPI	ITAL, NURSING HOM ITY, GIVE STREET ADDRESS)	EOROTHER INSTITUTION ARITHMENT	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING) ACCOUNTANT	12b. KIND OF BUSINESS O
filled in broadled filled in broadled be filled in broadled be filled in broadled by the broad	130 S M	AL RESIDENCE (IF NURSING HOME OF ATYLONG   13b. COUNTY   1	OTHER INSTITUTION GIVE RIVER	esidence Before Admissional Timore	13d. INSIDE CITY LIMITS?	STREET ADDRESS / ZIP COL 5718 The Alm	meda 21239
mpletely and 2 sh and 2 sh	14. FA	William	Bird	Norris	Mabe <sup>1</sup>	WE	Bowen
on and camp s. Pages 1 ar		VAS DECEASED EVER IN U.S. AR		7-14-1240		ADDRESS Tis 5718 The Ale	emeda 21239
es that the deoth ce ned by the attendin please remove corb urial, cremotian, or r, or other troumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A	A CONSEQUENCE OF	:	ARCTI	
he law requires an hos been signe t permit. Then pl ene prior to burn ows any injury, o	CERTIFICATION	19a DATE OF OPERATION	YPEI	2TEI	ION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
SICIAN: T ng physici certificate urial-tronsi tentol Hyg them 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	P.M.	MONTH DAY YEA	9	RED' (ENTER NATURE OF INJURY IN ITEM TO	PARTTOR PART?)
DING PHYSICIA or attending pi After this certifies as the burial-ti alth and Mental marked at Item	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN	JURY CTORY, OFFICE, FARM ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z - & 5 T 2		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	19-	9-1981		death occurred on the date and ho	
by the hospiteRAL DIRECTION of detached for State Dept. of ANT: If them 2		22b. SIGNATURE	Reddy		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL OR ATTERetoined by the hospital TO FUNERAL DIRECTO should be detached for with the State Dept. of I		224. PHYSICIAL'S NAME (TYPE O	REDD	7	Geo GD	SAMARIT	AN HOSPH
BP		BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 12-12-8		F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN  WOOD TAYIN TE REC'D. BY REGISTRAK 135b. REGIS	Baltimore Md.
OHMH - 16 50M 4/83 (VRA 15, 4)		ineral director itche11-Wiedefe	old Home 65	iOO York R		0	STRAR'S SIGNATURE



# thar, page 3 ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detached for use as the burial-transit permit. Then with the State Dept, of Health and Mental Hygiene prior to by IMPORTANT: If them 21 is marked on term 18 shows any injury TO FUNERAL DIRECTOR: After this certificate has b

BP.

DHMH - 16 60M 7/84

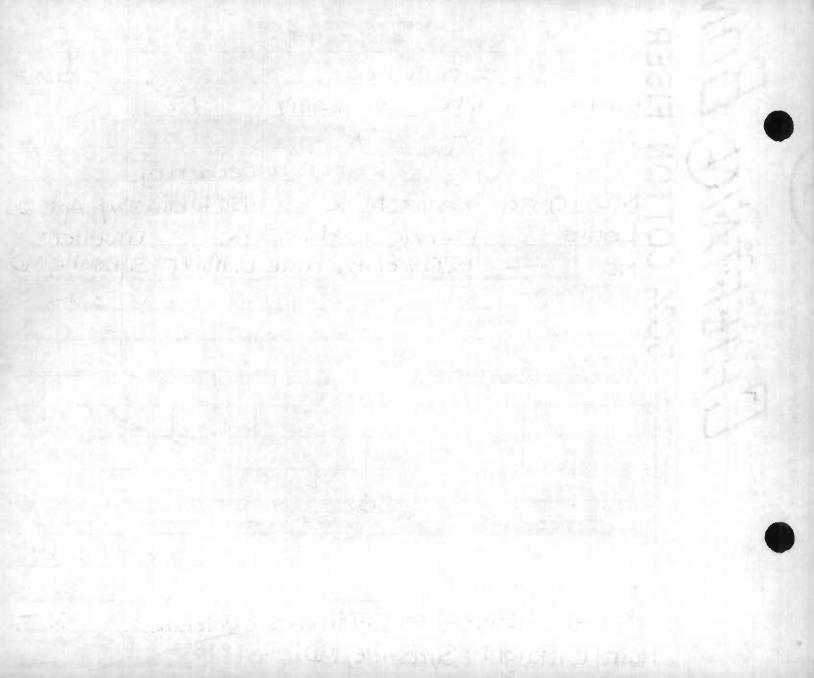
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MEN AL HYGIENE

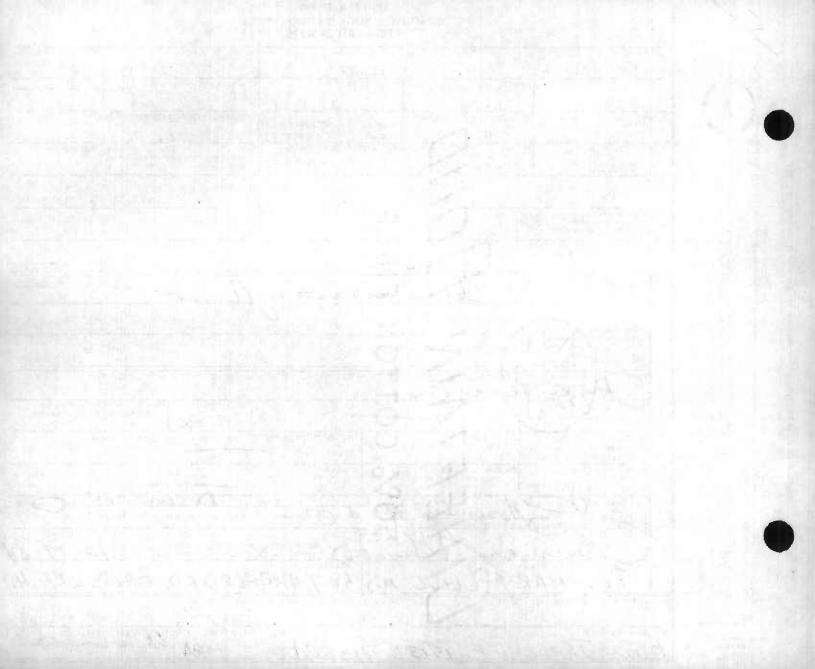
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REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO			
1. DECEASED NAME FIRST	MIDDLE	AST	2e. DATE OF DEATH	MONTH DAY	YEAR 26. HOUI	_
LOU:		RRIS	DECEMBER			
3. SEX	4. RACE S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTI	MONTHS	DAYS HOURS	24 HRS MIN.
remale	WITH 10	-16-1917	6	YRS		
BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF			
IV.O.	11. NAME OF HOSPITAL, NURSING HOME OF		BALTIMO			MD.
BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  JOHNS HOPKII		12e USUAL OCCUPATION TO STORE OF WORK FOR MOST OF	WORKING LIFE) INE	. KIND OF BUSINE: DUSTRY	SSOR
THE STATE THE TOP COL	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNITY USC. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e ŞTREET ADDRESS /	) /	2/15.	7
FATHER'S NAME	uttoll I westminse	YES NO 1	450 KOD	Ins Wa	1 Apt	- DB
FIRST	MIDDLE DESCO	PORT LID	I DO MIDDLE	M	10 LAST	
IM WAS DECEASED EVER IN U.S. A		17 INFORMANT	ADDRES	SS	<i>Manuel</i>	
(YES, NO OR UNKNOWN) (IF YES, G	152014861	Barbara	L. Miller	Syk	esville,	MD
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only ane cause per line far (a), (b), and (c'.)				APPROXIMATE INTER	VAL
	ATE CAUSE (0) Respiratory Fo	eccluse when Hi	EPONIA AND HUPE	ECAPBLA	5 DAYS	
The second second	DUE TO, OR AS A CONSEQUENCE OF	I Calland			2 weeks	
Conditions, if any, which gave rise to immediate	(b) Congestive	Heart Failure			X auceres	
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	ne.			2 weeks	
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT		NAL DISEASE OR COND	ITION GIVEN IN	PART Ira	
NO N						
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER	E FINDINGS USED CAUSES OF DEAT	H?
RIIE		SERVICE STATE	YES NO	YES [	NO	- 10
	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TOP	PART 2)	
S (IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M. 19					
21d INJURY OCCURRED  WHILE NOT WHILE N	21e PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N CC	DUNTY ST	TATE
AT WORK AT WORK		30 10 84	17/1/1		4 0	
	pital attended the deceased from 12 10 19 84 at	nd that in (my) (aur) apinian d	leath accurred on the da	te and have and f	tram the causes sta	
abave (1) (we) (did) (did n	tor) view the body offer deoff.	DEGREE			2c. DATE SIGNED	
Cullerde		AA TO ATTENDING	MEDICAL STAF		12/16/8	4
224 PHYSICIAN'S NAME (TYPE		22e ADDRESS	J DIRECTOR   PHYSICI	ANJA	(10)	
CRAIG W	, HENDRIX	GOO N. WOLFE	E ST, BACTING	nee MD,	MOLSON BO	ida
230 BURIAL, CREMATION, REMOVA	1 23b. DATE 23c. NAME OF CO.	EMETERY OR CREMATORY	23d LOCATION	COUN	uty & got	ATE
SUFIAL 24 FUNERAL DIRECTOR	112-19-04 57, 6	ertrudes	1 Coloni	A DECISION DE	N.	ال
HONERAL DIRECTOR	whicht CODRESS	LO NAD DE	C 1 8 1084	Juna David	Son-Handal	6
RUHUUM	MARSON DUKESVII	10/10/10	1 0 20-1			



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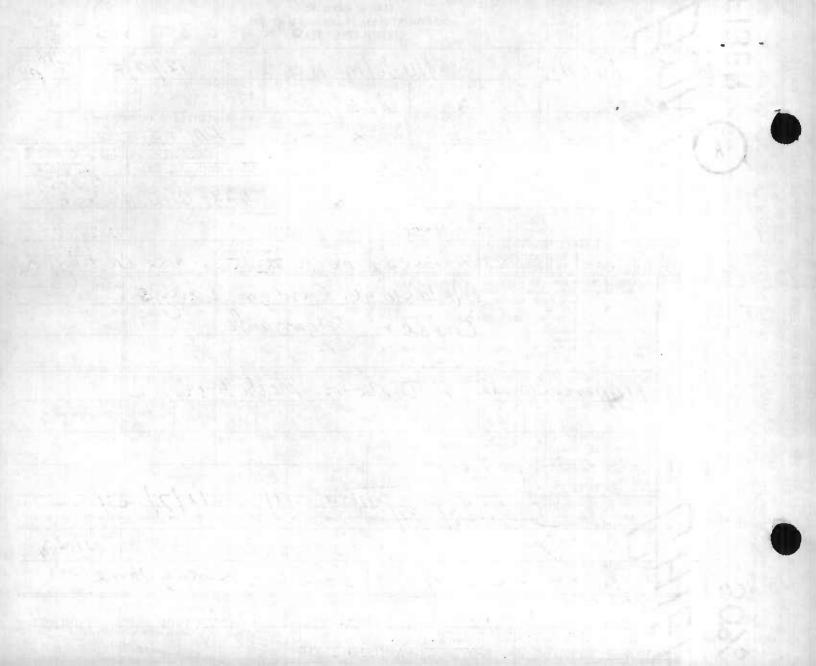
STATE OF MARYLAND



3	0 1	21.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 3 0 6	
1		I. DF	REGISTRAR CEASED NAMF FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 2b. HOUT
10	e 3	(TYPE	JEAN	W. NO	VAK .	December, 22,	1984 / AM
	may be poge er deat	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	ector,		Female -	· White	Sept. 15, 1922	, 62 , yrs	MONTHS DAYS HOURS MIN
0	Pog I dire	7n B	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	, ,
	Je or Man 73	5	MD	USA	WIDOWED DIVORCED	Baltimore C	1110.
	the further diffied	10 C	TY OR TOWN OF DEATH	THE NOT IN SUCH EARLY TO THE STOR	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
201	n by the filed	C ,	Baltimore AL RESIDENCE (IF NURSING HOME OR	4303 Under		Homemaker	Own Home
MARYLAND 2120	24 ho culd be could be	130	STATE 134 COUN	ITY I I JOE CITY OP.TO	more   13d. Inside city limits?	13e STREET ADDRESS 4303 Underwo	ood Rd., 21218
YLA	tely 2 sho	14 F	ATHER'S NAME	MIDDI LAST	15 MOTHER'S MAIDEN N		
MAM	ba dimpie	0	Wilmer Wi	Îlliam Wagner		Fahnestock;	Williams .
ORE,	dical dical		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		ADDRESS	
BALTIMORE,	be exe		No	216_46		ran, Same	
BAL	rcote poper oval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for Idillb), o	etato Car	MANA MANA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z ST.	certification probability in the miner of th		IMMEDIAT	E CAUSE (o)	31410 00	ICINOTIFE	
PRESTON	eath re co on, o		Conditions, if ony, which	DUE TO, OR AS A CONSEC	DILLAU IOA		
	he of he of emotion to		gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONSEQ	LIENCE OF		F ELMETTE 1
3	by t base r ol, cre		underlying couse lost	(c)	oence of		
DIVISION OF VITAL RECORDS, 201	signed hen ple o burie	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
COR	w rec	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
AL RE	he lo on hos t peri	ZE					IFYING CAUSES OF DEATH?
VIT	hysica reasing Hyginal Hyginal	7	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			PRRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
Ö	SICIA ng p certif ringl-i	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
ISIO	PHY tending this he bund M	MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E. FARM, ETC.)	CITY OR TOWN	COUNTY STATE
DIV	OING or at After e os t oith a		AT WORK	to Distance of the defendant of the control of the	10 847	13/22	2084
	TENE TOR: or uss of He		sow the deceosed alve on above (1) we) (did (did no	tol) ottended the deceased from		n death occurred on the date and ha	ur and from the couses stated
	OR AT or hosp DIRECT Sched f Dept of them 3		SIGNATURE	1) yiew the body/after death.	DEGREE M		22c. DATE SIGNED
	. 4 6 6		Jahn N	Classen	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/22/84
	HOSPITAL ned by the FUNERAL uld be det the State ORTANT:		120 PHYSICIAN'S NAME (TYPE O	R PRINT)	220 ADDRESS	UNDV PE	31212M1
	TO FUNERAL should be de- with the State		LIAS	15ew	10000	JOHN MO	Division
	_	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OF TOWN	COUNTY
	BP	24 F	Cremation UNERAL DIRECTOR Henr	12/22/84 lankins	Green Mount	Balto.,	
1	OHMH - 16 50M 1/76 (VR A 15 (4))		105 York Road		- 1- 1-		Davidson-Randall
		70	00 10111 1000	24,000, 1412		7000	- Total and

ET STEEL STEEL STEEL the new W. Jenylnesh and Co. Land York than taken with 21212

			STATI	OF MARYLAND			
	1.	FOR STATE REGISTRAR		EALTH AND MENTAL HYC ICATE OF DEATH	FIENE 3 REG. NO.	0 6 8	
10		CEASED NAME FIRST OR PRINT! NOOM L	MIDDLE	man	1	2/7/84	5 AN
4	3. SE	e male	White S. DATE C	BIRTH YEAR YEAR	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS  YRS.	HOURS MIN,
X		RTHPLACE ISTATE OR FOREIGN COUNTRY 6/6N0	76 CITIZEN OF WHAT COUNTRY? 8 MARRIEL WIDOWE		9. BALTIMORE CITY OF	to. CITY	MD
10	10. €	BALTIMORE	11. NAME OF HOSPITAL NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATE (1YPT)F WORTHOUSES	The start in the country	AT'S HOME
must be	130.	TATE 136. COUR		13d. INSIDE CITY LIMITS? YES 🖄 NO 🗌	130 STREET ADDRESS	ZIP CODE 2/ EN HEIGHT	3 Rd
3800		THER'S NAME PIRST MARK	PARKHOVOMSKY	15. MOTHER'S MAIDEN NA FIRST HANNAH	MIDDLE		OWITZ
e medico	160 UX	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO. WE WAR OR DATES!  2/4-30-3682	Mark X	RHAMSKY ADDRES	152 Crest	21215 R
event, th			nly one couse per line fogio), (b), and (c).) ED BY: TE CAUSE (a) VE TA STAT	ic Cane	er lun	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
other troumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	Stom	ach.		
injury, or	NOI		conditions contributing to DEATH BUT		AINALDISEASE OR COND	DITION GIVEN IN PART 11	0
Shows ones	CERTIFICATION	190 DAILY OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIT IN CERTIFYING CAUSES YES [	
Hem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE) 214. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PART 2)	
marked ar	MEC	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)	STREET	CITY OR TOV	VN COUNTY	STATE
	1		ital) attended the deceased from	d that in (my) (our) opinion	deoth occurred on the do	te and hour and from the	that (we) lost couses stated
kem 21 is r		saw the deceased alive on obove, H\(we) (did) (did a 22b SIGNATURE	et) view the body ofter degith.	DEGREE	10.18.18.5	22c DATE	SIGNED
RTANT: If hem 21 is	100	obove, th (we) (did) (did as	pt) view the body offer degith.  OR PRINT;	ATTENDING PHYSICIAN )	MEDICAL STAF	F 12	SIGNED 18/84
ANT: If hem 21 is		obove, (A (we) (did) (did a 22b. SIGNATURE	OR PRINTS  -M. TUN.	ATTENDING PHYSICIAN) 220 ADDRESS Levin da EMETERY OR CREMATORY	CMEDICAL STAF	FAN 12	STATE



Year at a company of the company of diO enchettes Ealtingre Church Houston Homes Homen war I win Home Talto. 8 Using Ford, 1110 anna singivin telly endage quita and the state of t Henry V. Junione Creen Lunione Elitera. Maria Penara V. Junione S. Son Co. Junione S. Son ony injury, or other troumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3  $\Omega$ 

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.	100	
1. DECEASED NAME FIRST		MIDDLE		TAST			DAY YEAR	Zb. HOUR
DENIS		J.	O'CAL	LAGHAN	Decembe:	r 14,	1984	12:15A
3. SEX Male	4. RACE White	Lan vel	S. DATE (	Eb. 13, 1925	6. AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED X	Baltimore City o	_		MD
Baltimore	St. M	HOSPITAL, NURSI HEACILITY, GIVE STREET ATY'S SET	NG HOME ( TADDRESS) Minary	OR OTHER INSTITUTION	The USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Priest	DN F WORKING LIF	FE) IZE KIND O INDUSTRY D100	esan
USUAL RESIDENCE (IF NURSING HOME 130. STATE Maryland		GIVE RESIDENCE BEFOR 13c. CITY OR JOV Baltim	RE ADMISSION) VN OTE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 5400 Rola	zip cobe nd Av	e. 2121	LO
14 FATHER'S NAME William	J.	o'Call	aghan	15. MOTHER'S MAIDEN NA Helen	P.		0 'Su	illivan
160 WAS DECEASED EVER IN U.S. A (1455, NO OR UNKNOWN) (14 YES, O	ARMED FORCES? GIVE WAR OR DATES)	182-36-		Fr. R.F.Leav	ADDRE		ve. 212	210
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per SED BY:	line for (a), (b), or	nd Ichi	calon la			BETWEEN	MATE INTERVAL ONSET AND DEATH
PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	(c)		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONT	20b. IF YES	VEN IN PART 116 S, WERE FINDIN FYING CAUSES	NGS USED
716. ACCIDENT WAS UNDERLYING	21b. TIME C	F IN IURY		21c. HOW INJURY OCCUR	YES NO		S CREARIS	NO [
	EATH HOUR A.	M. MONTH D	AY YEAR		MED TENTER INVIDES OF MANON	, , , , , , , , , , , , , , , , , , , ,	7,70	
OR CONTRIBUTING CAUSE OF E  [IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22a. I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did	12/2	19_	8 4,0	nd that in (my) (our) opinion	death occurred on the do			that (I) (we) fast causes stated
276. SIGNATURE	Illann	,		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		12/A	SIGNED / 4 ·
224. PHYSICIANIS NAME (14F) Stephen Gla	sser				erstown Road		, ,,	
236 BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	12-18			epulcre	Philadelp	hia	COUNTY	Pa.
Mitchell-Wiedefe	ld HOme			7 25a. DA	IE KECD BURGAN	256, REGIST	TRAR'S SIGNAT	URE

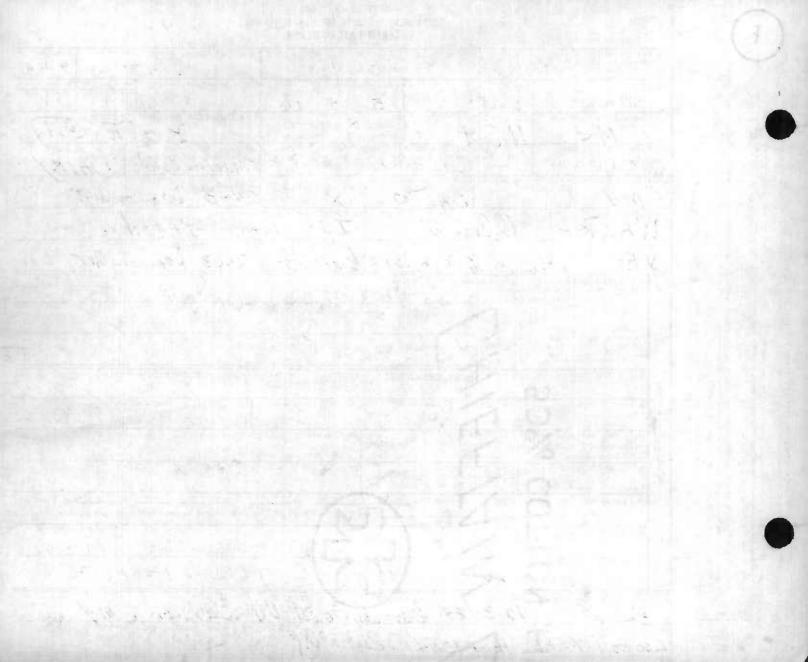
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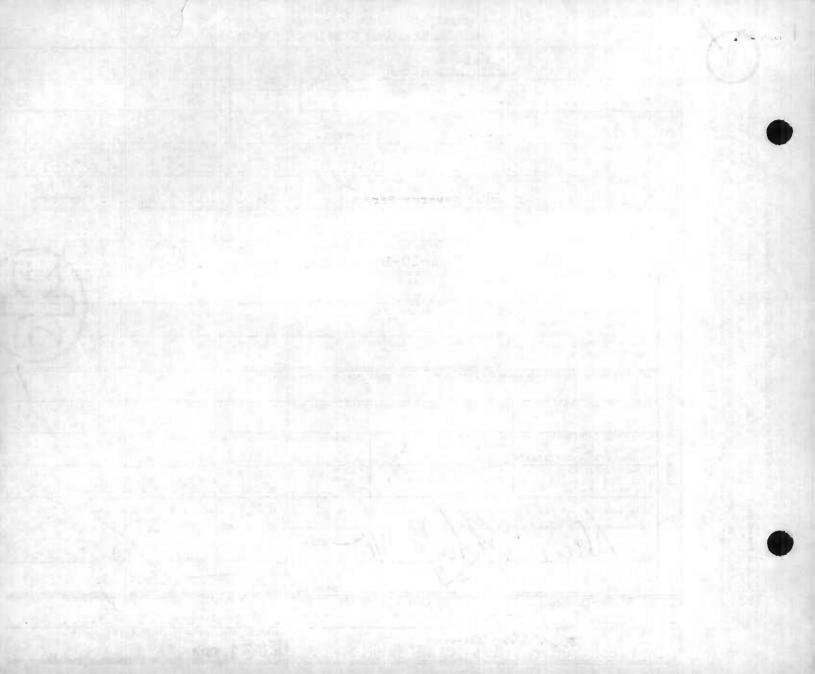
(F) (A)	1.	FOR STATE REGISTRAR	DEPART	TMENT OF HEA	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH	ENE 3	3 0 7	2
9 75		CEASED NAME FIRST	OMON 5.	LAS COL	IVER		121241	YEAR 26. HOUR 9: 524
4 may be tor, page 3 ofter death	3. SE		1. RACE	5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRT	1	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
oth. Page frol direc 72 hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED	M. NEVER MARRIED	9 BALTIMORE CITY OF	ING.	ATH O 1
rs ofter dec by the functiled within		TY OR TOWN OF DEATH  3 ACT I MO 12E	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING HEET IND	KIND OF BUSINESS OR'
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2 should be fill wol.  It he medical exchiner furst be no	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		WN 11	34. INSIDE CITY LIMITS?	STREET ADDRESS	Jamen	Jop 21225
marktla ed within mpletely and 2 shi	14. F/	THER'S NAME  VAFIRST. 12+	MIDDLE QUEST		Id Ast M	MIDED .	read	LAST
IMORE, on ond co	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC VE WAR OR DAJES! 219 16	7342	JACE Omer	2463 P	Elemon	arr
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STON 5 eath ce		Conditions, if ony, which	DUE TO, OR AS A CONSEON	UENCE OF				
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RDS, 20 equires 1 n signed Then ple to buria	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR CONE	ITION GIVEN IN I	PART Ito
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N OF VITAL N SECIAN: The ring physicion certificate h viral-tronsit y fental Hygies them 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)
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TTENDIN priol or TTOR: Af for use o of Health		saw the deceased alive or	ital) attended the deceased from		that in (my) (our) opinion d	, to eath occurred on the do	te and hour and f	, that (I) (we) last
AL OR A the hos AL DIREC detached ore Dept. IT. If them		22b. SIGNATURE	Clubo as	DE	ATTENDING PHYSICIAN	MEDICAL STAF	F /	12/24/661
O HOSPITAL		22d. PHYSICIAN'S NAME (TYPE			22. ADDRESS	HEDAN	140501	TAL
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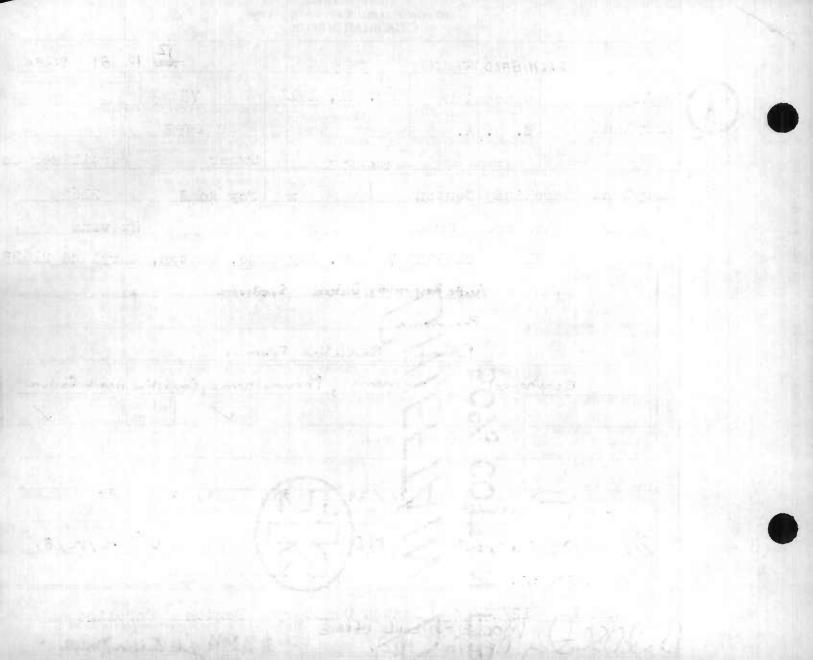


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			REGISTRAR				CERTIFI	CATE OF	DEATH		EG. NO.		
0 m £			CE ASED NAME OR PRINT)	FIRST		MIDDLE	LA	.51		20 DATE OF DE	ATH MONTH DA	AY YEAR	2b. HOUR
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or. p	0.5	3. SEX			4 RACE		5. DATE O	F BIRTH DAY	YEAR	6 AGE (IN YEARS)		ONTHS DAYS	HOURS MIN,
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dea fune thin	44		Y OR TOWN OF DE	ATH	U.S.	HOSPITAL, NURSIN	WIDOWEL		NORCED 📉	17a USUAL OCC			MD.
s offer the d wf	23		LTIMORE	AIII		JOHN'S H					MOST OF WORKING LIFE)	INDUSTRY	EBUSINESS OR
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dicol dicol		16a W	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORM			ADDRESS		
00		`.	ES NO OR UNKNOWN)			127-10-	-2589	CLYDE	C W. OI	SEN150	↓ WINFOR		
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gned n ple burio			PART 2 OTHER SIG	NIFICANT	ONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATE	D TO THE TERM	NAL DISEASE OR	CONDITION GIVE	N IN PART 1(a	
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low s be	7	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERF	ORMED	70a AUTOPSY		WERE FINDIN	GS USED OF DEATH?
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he the		ME	WHILE TO NOT W			REET, FACTORY, OFFICE F	ARM ETC )	STREE		CIT	Y OR TOWN	COUNTY	STATE
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TEN TO OR O OR O T I IS			saw the deceas	sed alive an	12/10	198	4 , and	d that in (my	) (aur) apinian (	death accurred an	the date and hour	7	hat (1) (we) last
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the the place of t	1	29	X11100	- Proper	m		MD		ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	10/1	10/801
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0 - 0 + 0	1		KATHRY	N M.	CARBO	NE		600	N.WOLF	E ST. I	BALTO., M	D. 21	205
O Special M.			URIAL, CREMATION		236 DATE	23c N	AME OF CE	METERY OR	CREMATORY	23d LOCATION		53.5	
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DHMH - 16 60M 7/1		24 FU	NERAL DIRECTOR			ADDRESS			250 DATI	REC'D. BY REGIS	TRAR 256 REGISTR	AR'S SIGNATO	MOVER
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and the state of t ESES AT REST VILLEY, R. LESSELLEY. 

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	RE,	DEATH SES 1, M PM		rant				Blough		Oli					nkno		
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	S AFTER DEGIVE PAGE GIVE PAGE VITH FORM PAGES 1 PAGES 1	1 1	WAS DECEASE YES, NO, OR UNKNO O	DEVER IN U.S. ARA	WAR OR DATES)		8-20-0		Mr.	l i	Son) ley A	1019 . Ope	Sign l Lan	al E	Hill er, P	La. a.
	, i	2 8 2 F. C.		18 CAUSE O	F DEATH (Enter on ATH WAS CAUSE											PPROXIMATE WEEN ONSET	
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		A PRESIDENT	1	22a. I certi	fy that took charg	e af the remains	described	bave, held an	Autap	у 🔲,	Inspection	X, Inq	uiry .	and in my	apınıan	Md.	
		L EXAMINER: E CERTIFICATE DUID BE FOR L DIRECTOR: H, WITH THE S MARYDAND.	4	death result	eddrayd Natur	al causes	Thefor	ent XX	uicide	, Hamicio	de .	Undetermine	d manner				
-		CAL EX- THE CER SHOULD STAH, WILL STE, MAR		ACTUAL /	Woos	X 1	An	101	1115	TITLE (SPE				DAT SIGN	E 7	12-30-	-81
		SE SE	7/	SIGNATURE.	-44	wy,	X FU	7	WM			_MEDICAL E					
		TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTHWORE, MARY DAND.		EXAMINER'S (TYPE OR PRI		is F. S		M.D.		ADDRESS	111 P∈	enn St.	., Bal	to., N	1d.	2120	l
		534548 -	23o. E	URIAL, CREMA	TION, REMOVAL Z	DEC 30	2	Secur:	EMETERY O	R CREMATOR	RY	23d. LÓCATIC	N N	cc	OUNTY	STA	TE
	07/B4 25M	BP	Cr	emati	on '	1984	,	becut.	LLY P				nsvil		Balt		id.
	23/41	DHMH - 17	-0.7	UNERAL DIREC	m. K		kistins.				DEC.	C'D. BY REGIS					
		(VR A15 ME (5))	5	Inglet	on Fune:	ral Hor	ne, G.	ien Bu	rnie,	Ma.	DLU.	31 100	21 24.8	in Karis	*	2	

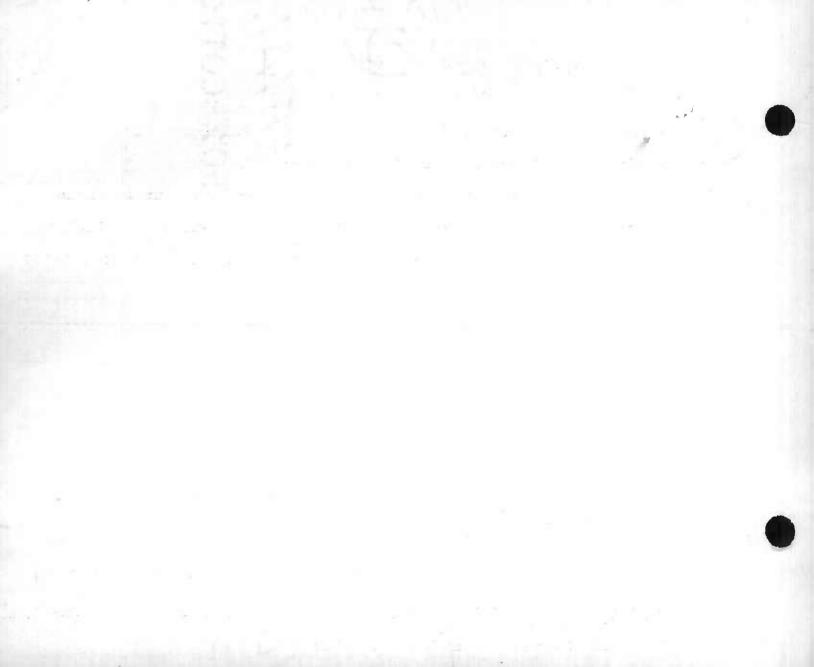




111/	1,	FOR - STATE		DEPART		E OF MARYI EALTH AND	AND MENTAL HYG	IENE 3 3	0	7 6	
14	F,	REGISTRAR				ICATE OF	DEATH	REG. NO	).		
7		ECEASED NAME PE OR PRINTI	AUL	MIDDLE		LTEL	Sr		MONTH DAY	YEAR S4	26. HOUR 840 PM
( ar )	3. 5		4 RACE	C	5. DATE C		or	6 AGE (IN YEARS LAST BIRT		UNDER TYEAR	IF UNDER 24 HRS.
U	-	W MALE	wh	nite	MONTH 12	13	1915	69	YRS.	NIHS DAYS	HOURS MIN
A 725 hou	7	BIRTHPLACE (STATE ORFO COUNTRY) Maryland		DÉ WHAT COUNTRY USA	? 8. MARRIEI WIDOWE		MARRIED   IVORCED	Baltimo	R COUNTY O		MD.
3	11	Baltimore	TH 11. NAME C	OF HOSPITAL, NURSI SUCH FACILITY, GIVE STREE	ING HOME C et address) $K$	ey Ho	spital	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF MACHANIE		126 KIND O INDUSTRY	on
Hilled in Bald be	13a. N	Maryland	nghome or other institution. COUNTY Baltimore	13c. CITY OR TO		YES 🗌	CITY LIMITS?	13e.STREET ADDRESS / 6820 Dul		-	VALUE OF STREET
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ind co	16a	WAS DECEASED EVER I	IN U.S. ARMED FORCES		URITY NO.	17. INFORM	ANT	ADDRE			THE
3 22 2	4	no		215 07 2	2296	Elea	nor Or	tel 6820 Du	luth A		
e de f		18 CAUSE OF DEATH PART I. DEATH W	(Enter only one couse)			VEST		- 19 5			MATE INTERVAL ONSET AND DEATH
9 9 9 9		1300	IMMEDIATE CAUSE (a)	CAPDIA	2 /11	10631				170	MINUTES
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n signe Then pl r to buri injury, o	NO	PART 2. OTHER SIGN			DEATH BUT		SEASE	INAL DISEASE OR CON	OITION GIVEN	IN PART 1	a,
nas bee permit. ne pria	CERTIFICATION	19a DATE OF OPERAT	ION 196 COM	NDITION FOR WHICH	H OPERATIO	N WAS PERF	ORMED	204 AUTOPSY?		NG CAUSES	OF DEATH?
ysicion cate h ansit Hygier 8 sha		21a. ACCIDENT WAS UND		E OF INJURY		21c. HOW I	NJURY OCCURE	RED (ENTER NATURE OF INJUR	YES		NO 🗌
phy phy not ph	A	OR CONTRIBUTING C	AUSE OF DEATH	A.M. MONTH D	DAY YEAR						
er this ce the buri and Me	MEDICAL	21d INJURY OCCURR	ED 21e PLAC	CE OF INJURY STREET, FACTORY, OFFICE,	7	21f. LOCAT STREE		CITY OR TO	VN	COUNTY	STATE
or or see os see os mor mor		22a.1 certify that (1)	(this hospital) attended	the deceased from,	12	130	19 34		ا ا	84	that (1) (we) last
pital pital TOR for u of Hi		saw the decease	d alive on 12 3 id) (did not) view the bo	ldv after death.	St. ar	d that in my	(our) apinion	death occurred an the do	te and haur a	nd from the	causes stated
AL DIRECTOR AL DIRECTOR DIRECTOR DEPT.		22h SIGNATURE	. OVan n	0		W D	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN Ø	22c. DATE	SIGNED 34
D HOSPIT Dined by D FUNER TOURT BE STEAM	1	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	oss wo		22e ADDRE	55	BALTMERE		4224	, 7
should with Po	23a.	BURIAL, CREMATION, F	REMOVAL 236 DATE	23¢	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION	IS IT I		
3P	1	Burial	1/3/3	1985 C	ak La	wn Ce	metery	Baltimor	Ed. K	OUNTY	AND TATE
MH - 16 50M 4/83	24	FUNERAL DIRECTOR					VAN	REDD, BY BOOM	AL MECHATRA	ESSIGNAT	Rim
(MDA 15 4)		Walter	Dohmarrial	: LOOF D		A					

Seed of the contract of the co C. C. Canus Carleson Delinh Asonio Clara the same a south the drawares . . ) as the

591	1-	STATE REGISTRAR	DEPART	CERTIFICATE OF	DEATH	REG. N	o.	1	
poge 3		CEASED NAME FIRST OR PRINT) Hart	RITA	OH		2a DATE OF DEATH	MONTH DAY	VEAR 84	26 HOUR 4:42
age 4 maj rector, po rsafter d	3. SE	Female	w <sub>hite</sub>	5. DATE OF BIRTH  MONTH  7  14	1905	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	HOURS MIN
a 92	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVE	R MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
deoth.		ermont	U.S.A.	WIDOWED	DIVORCED [	Baltimo:			N
	1	altimore	11. NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, GIVE STREE  Francis Scott	1 ADDRESS)	100	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewi	F WORKING LIFE) IN	NDUSTRY	F BUSINESS O
24 hours ofter filled in b aud be fi	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13) COU Aryland Bal		RE ADMISSION) NN 13d. INSIDE YES	CITY LIMITS?	13e.STREET ADDRESS Heritage			alk 21 ome
mpletely and 2 sh	1/	ATHER'S NAME FIRST NOMAS	O'Hallo		R'S MAIDEN NAA FIRST LY	France	es	Flar	herty
ond co	11.	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			dge Row 1			
rficate be e physician o noval.	Υe		II   008-09	-8203 Geri	ry T.O'	Halloran	Wayne		1908
re low requires that the death ce on. has been signed by the attending permit. Then please remove carb ene prior to burial, cremation, or r ows any injury, or ather traumatic	CERTIFICATION	PART 2. OTHER SIGNIFICANT  MAINUM 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT		20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	GS USED OF DEATH?
hysicide ficate transit I Hygin 18 sho		2 Ia. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE		DAY YEAR	INJURY OCCURR	ED (ENTER NATURE OF INJU	YES THE TEM 18 PART 1	OR PART 2)	NO 🗌
DING PHYSICI, or attending p After this certi is as the burial- alth and Menta marked or them	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCA STR	TION	CITY OR TO	NWC	COUNTY	STATE
OR ATTENDIN e hospitol or DIRECTOR: Af oched for use o Dept. of Health		sow the deceased alive a obove, (1) ( and (did) (did)	oital) attended the deceased from 12/1 19 19 19 19	84 , and that in	. 19 <u>84</u> (our) opinion o	to 12/		from the	
		226. SIGNATURE CAMULA  226. PHYSICIAN'S NAME (TYPE	ne Chow	DEGREE MD	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF /	12/	1 /84
TO HOSPITAL etained by the TO FUNERAL should be detriment the State with the State IMPORTANT:		Catherine	e Chow	FSKN	UC,494	o Eastern Av	., Balto,	Md.	21224
BP	В	BURIAL, CREMATION, REMOVA Urial	12/5/1984	St. Stani	elane	23d LOCATION CITY OR TOWN Baltimo	re	NIA	Maryla
DHMH - 16 50M 4/83	24 F	uneral director Duda 922 Wise Ave	-Ruck, Inc.	, MD. 2122	22   25a DATE	REC'D. BY REGISTRAR	25bgREGISTRAR	SSIGNAL	andell



VOIDED DEATH CERTIFICATE FOR NUMBER 84-33078

January, 1985 filed in December, 1984 - deaths



## DECEASED NAME Francis 2a DATE OF DEATH Otto TYPE OR PRINT FRANCIS 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1900 06 MALF TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED . NEVER MARRIED DIVORCED WIDOWED mary pro IO CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Salesman BN Hmore General ould be f USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3802 YES V NO [ MARYLAND 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST John MARY Balto . Md ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NOT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 19 SY 200 220.1 certify that (1) (this hospital) attended the deceased from Dac sow the deceosed alive on Oo S 2 5 \_\_, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not; view the body ofter death, DEGREE ATTENDING MEDICAL FUNERAL old be deta MP PHYSICIAN DIRECTOR | PHYSICIAN 774 PHYSICIAN'S NAME (TYPE OF PRINT) 22 ADDRESS MPORT uman that 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 1 SPECIFY) 12/28/84 Burial Loudon Park Cemetery Baltimore, Maryland

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

Balto

Md

George J. Gonce 4001 Ritchie Hgwy.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALHYGIENE

CERTIFICATE OF DEATH

21225

REG. NO MONTH 2b. HOUR 12 25 IF UNDER 1 YEAR ONTHS DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Auto Parts Tenth Street Francis N. Otto 1726 Langport Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 241

IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c DATE SIGNED

YES [

250. DATE REC'D. BY REGISTRAR 240. DEGISTRAR'S SIGN TURELER

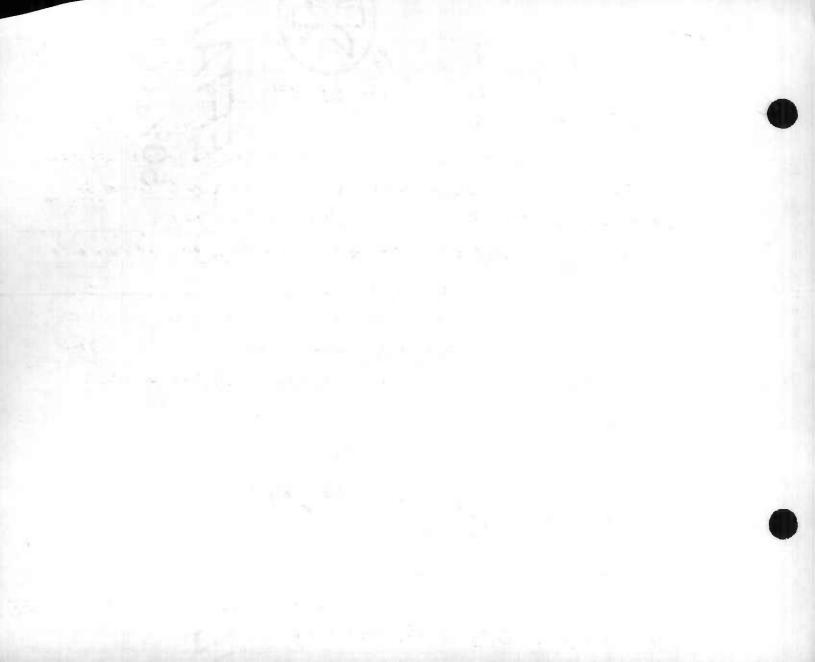
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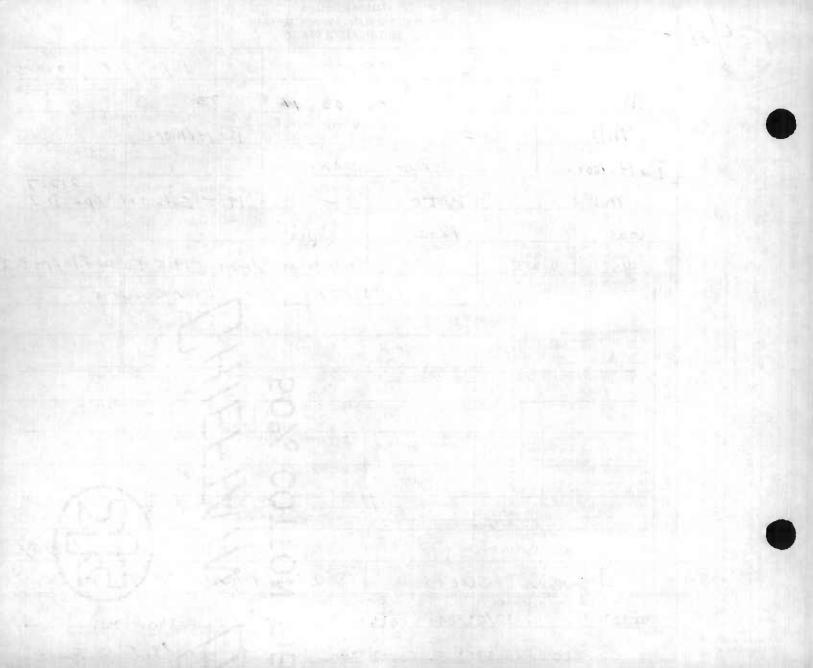
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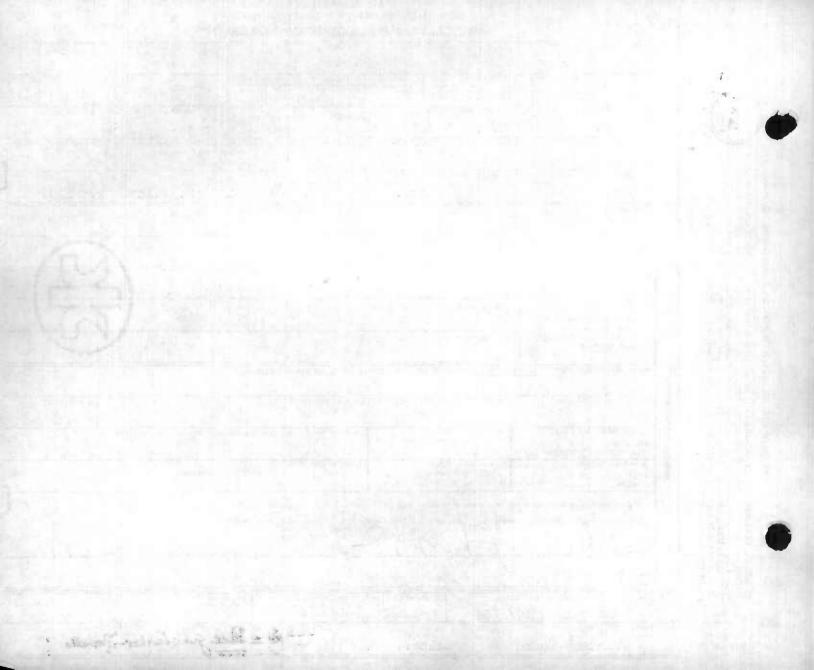
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

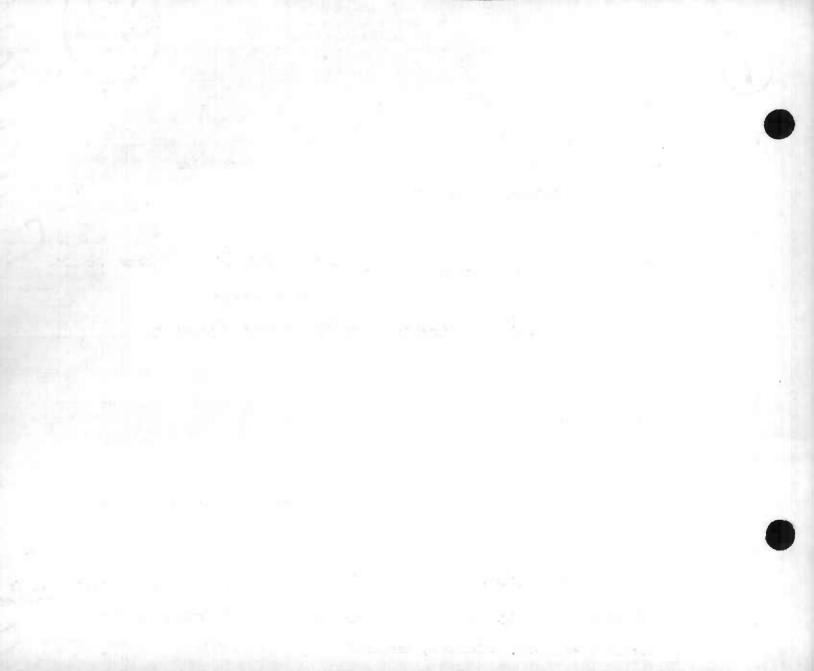




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC. REGISTRAR REG. NO DECEASED NAME FIRST 2a. DATE KNOWN XXMONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Palmer Henry 6 19 84 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE IN YEARS. IF UNDER 1 YR. DAY IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED Male Black 4 29 15 55 10:49 6 1984 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) AM Delaware U.S. WIDOWED DIVORCED Baltimore City MD O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore and Liberty Streets Baltimore NURS AFTER DEATH. IF ANY DEI 18. GIVE PAGES 1, 2, AND TR. WITH FORM PM 3. RETAIN IIT. PAGES 1 AND 2 SHOUL 3, DIVISION OEWIAL BECOMES, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVERESIDENCE BEFORE ADMISSION) Balto. 3a. STATE 13e STREET ADDRESS 136 COUNTY 13d INSIDE OTY LIMITS? 1029 E. Balto, St. 21202 NOF 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Unkn. 221-20-9763 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL -HEALTH AND MEN AL, CREMATION, C lying cause last, DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION MER: THIS GEN.
HIGATE, WRITING THE CO.
SE FORWARDED TO THE CO.
THE PAGE 3 SHOULD BE USED.
THE PERARTIMENT OF HEAL.
TO PROPERTY OF THE CO.
TO SHOULD BE USED.
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TO SHOULD BE USED.
TO SHOULD BE USED. 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO XX 21a EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 35 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PE STREET, FACTORY, FARM, ETC.) WHILE CITY OF TOWN COUNTY STATE WHILE AT WORK The I certify the M took charge of the remains described above, held an Autapsy and in my apinian Inspection Inquiry Natural causes Suicide Hamicide . Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNED\_12/6/84 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn Street Balto MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 12/8/84 Removal 07/84 BP. 25M 24 FUNERAL DIRECTOR DHMH - 17 Balto., Md. (VR A15 ME (5)) Anatomy Board



STATE OF MARYLAND

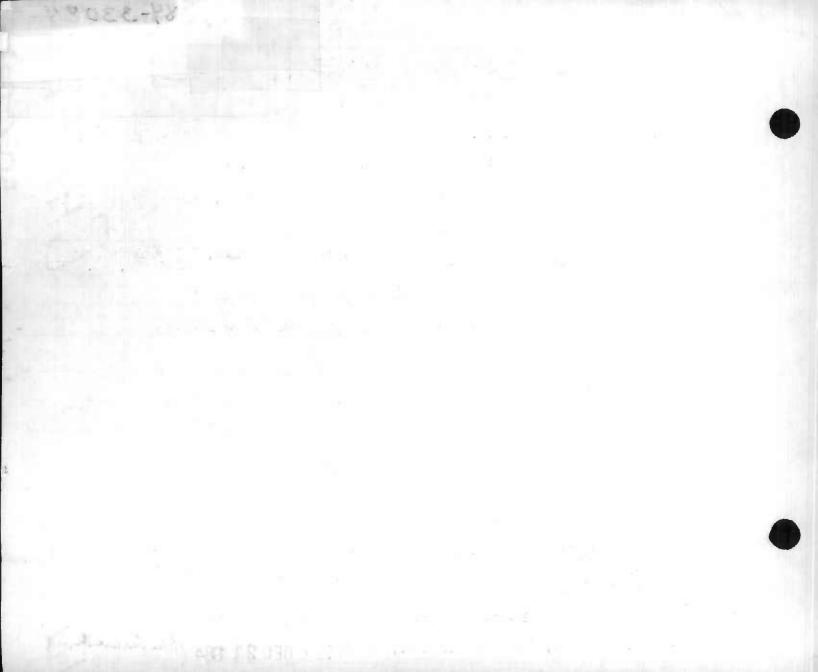


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALHYGIENE

FOR

84-33084



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1-	FOR STATE REGISTRA
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

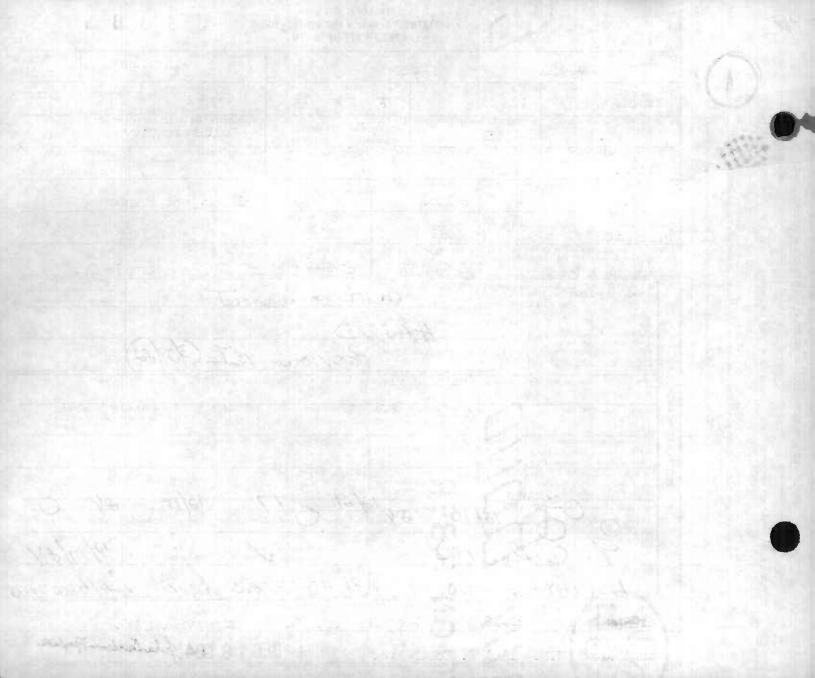
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		REGISTRAR		CEKIII	ICATE OF D	EAIN	REG. NO.			
		CEASED NAME FIRST	MIDDLE		LAST	Church McCh	20. DATE OF DEATH MONTH	H DAY	YEAR :	76 HOUR
	{ I YPE	BARBARA		PARKER		2347	12	15	84	
	3. SEX	X	4. RACE	5. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER		IF UNDER 24 HRS
N		Female	Black	марит		46°	38	MONTHS (RS.	DAYS	HOURS MIN.
1	70. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	D NEVER A	AADDIED	9. BALTIMORE CITY OR CO	UNTY OF DEA	ATH	
5		Md.	USA	WIDOW	ED DI	ORCED [	Baltimore	City		MD.
2	I	Balto.	(IF NOT IN SUCH FAC Sinai	PITAL, NURSING HOME ( ILITY, GIVE STREET ADDRESS)	OR OTHER INST	ITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		(IND OF JSTRY	BUSINESS OR
5	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COUN	VTY 13c.	residence before admission) CITY OR TOWN Balto.	13d. INSIDE C	ITY LIMITS?	3318 Dupont	code A <b>venu</b> e	2/2	15
	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S	MAIDEN NAM	WE		LA5T	
20	F		H.	Hill	Ell	.a		Malker	LAJI	
	160 V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMA	NT	ADDRESS			
	,	No No		5-54-1576	Delore	es park	er 2022 W. 1			
ę,		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ily one couse per line i	for (o), (b), and (c).)	2.			BE	APPROXIM TWEEN OF	ATE INTERVAL ASET AND DEATH
			E CAUSE (o)	<u>ta</u>	Mia	e an	1600/			
		Billion St. V.	DUE TO, OR AS	A CONSEQUENCE OF	2.0					
		Conditions, if any, which	(b)	Hys	ND			/		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF	0		MT (3/29	(12)		
		underlying couse lost.	(c)		100N	1000	100 904	90		
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	RIBUTING TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN P	ART 110	
	CERTIFICATION		1							
7	FICA	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIC	N WAS PERFO	RMED		IF YES, WERE CERTIFYING C.		
1	RTI		3 40 70 5 05 01	HIPV	Tal House		YES NO	YES 🗌		NO 🗌
3		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	1 110110 4 44	MONTH DAY YEAR	ZIE HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	M 18 PART I OR P	ART 2)	
1	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				7 (2.11-1)		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN	NJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATIO	N	CITY OR TOWN	cou	NIY	STATE
	•	AT WORK NOT WHILE AT WORK	ano		12/11	cop	- /			
	20	220.1 certify that (I) (thi) 4.050	ottended the de	ceased from	d 21	-	L, to 104/5	. 19_0	1/2, th	ot (I (we) lost
5		sow the leceased alue of above, (1) we) (did) (did no	t) view the body after	death.	nd that in (my)	our) pinion o	death accurred on the date on	d hour and fro	om the co	ouses stated
		22b. SIGNATURE	0.0	. 1	DEGREE		(	220	DATES	IGNED
		71. 0	Her r	7	A	TTENDING PHYSICIAN	DIRECTOR PHYSICIAN		91	7/84
		224 PHYSICIAN'S NAME (TYPE C	R PRINT)		22e. ADDRES	S	1	P	1	7
1		Dicus	1818, m.	10.	364	O FS	RES fare	121	9/10	mo 21215
	23o B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	COUNTY		STATE
		Cremation	12/18/84	4 Westvi	lew Mem.	Pk.	Catonsville	_		STATE
	24 Ft	UNERAL DIRECTOR		ADDRESS		250. DATE	REC'D. BY REGISTRAR 256 RI	GISTRAR'S SI	GNAU	SE da Ma
		Wm C March F.H	. 1101 E.	. North Ave.	-124	Ut	U 1 8 1984 90	ha Davido	man al	*.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: Africand to use as with the State Dept. of Health



1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	REG. NO	
I. DE	CEASED NAME FIRST	JAMES E.	PARKER Jr.	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 530 p.m.
3. SE	Male	Black	5. DATE OF BIRTH MONTH DAY YEAR 10 18 28	6. AGE (IN YEARS LAST BIRT	IF UNDER TYEAR IF UNDER 24 HRS. MONTH'S DAYS HOURS MIN.  YRS
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1	RCOUNTY OF DEATH  none City MD
38 3	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, UNITED TO		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
35 130	Maryland 136 COL		NOTE YES NO [		ZIP CODE RISON AVE, 2121=
E IA F	TAMES	MIDDLE PARKE	R S. SARAH	MIDDLE &	SMITH
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		er 1712 W	Madison Aye.
event, the	PART I. DEATH WAS CAUS	only one couse per line for (o), (b), one SED BY: ATE CAUSE (b) RESpira	1 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 MINUTES
r other troumatic	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b) END SHE  DUE TO, OR AS A CONSEQUE	tge Head and W	eck Cznce	r
njury, o	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERMI	inal disease or coni	DITION GIVEN IN PART 1:0
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
tens (i)	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		Y YEAR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART ?)
orked or frem	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
23 is mc	sow the deceased alive a above, (1) (we) (did) (did n	pitDI) offended the deceosed from	Dec 3, 19 84 84, and that in (my) (our) opinion of	. 10	te and hour and from the causes stated
H 164	Patricia	of Barditch		MEDICAL STAP DIRECTOR   PHYSIC	
RIAN	12d. PHYSICIAN'S NAME ITUPE	OR PRINT)	22e ADDRESS	11	

23c. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem.

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial

12/31/84 Wm. C. March F/H 1101 DE. North Aye.

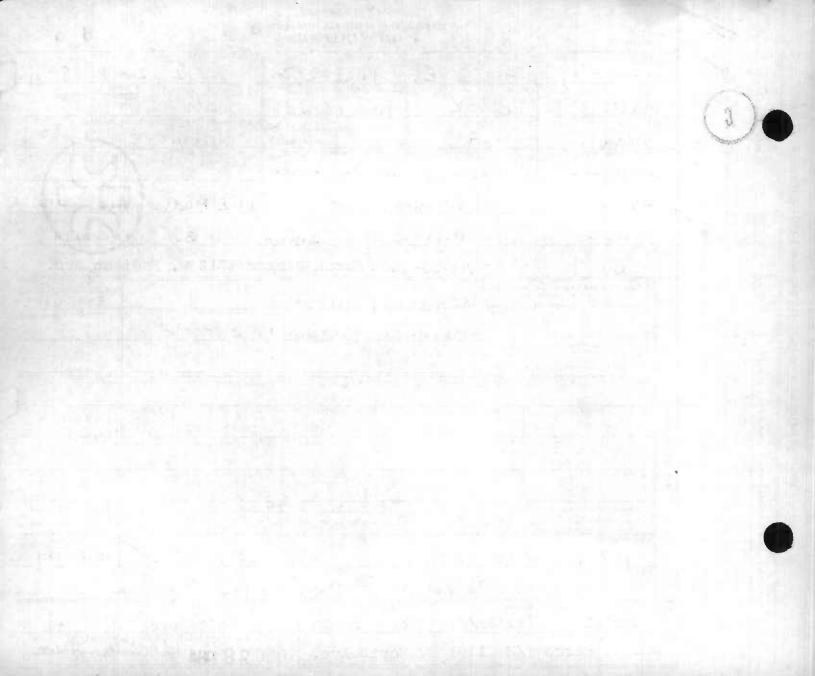
236 DATE

23d LOCATION
CITYOR TOWN
Baltimore 25a DATE REC

COUNTY

STATE

MD



3-39A3 F129 to 29 to 1961 3 to 1971 12/12/2019 and the first of the control of the

Singleton Funeral Home, Glen Burnie, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY TENE

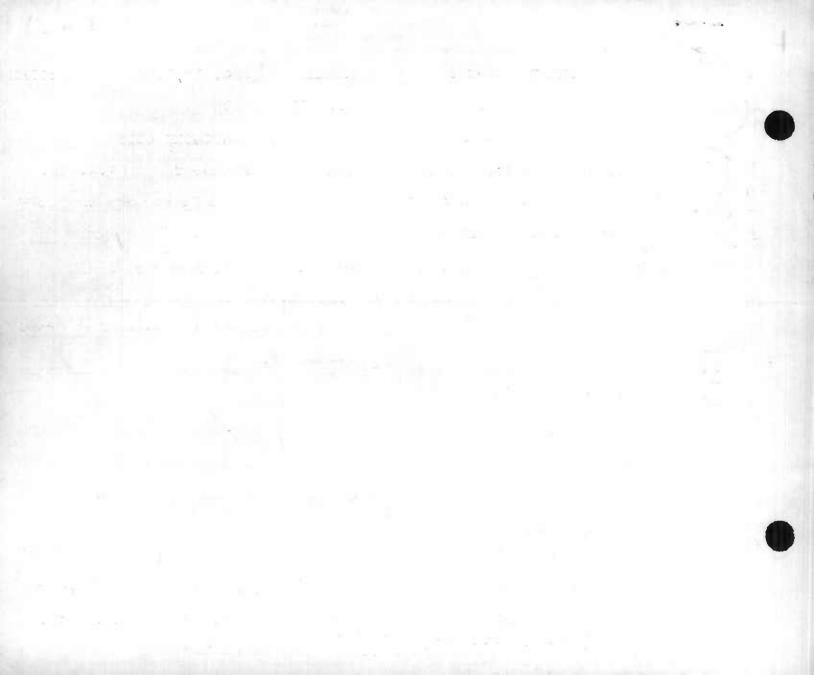
CERTIFICATE OF DEATH

FOR - STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR



1 -	STATE REGISTRAR			DEPARTM	CERTIF	ICATE OF DEATH	REG. NO	<b>.</b> 5	08	7
	CEASED NAME	EIRST	N	NIDDLE	i.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	Lillie	5	5.	Pari	lett	Decembe	er 21	, 1984	7:50P M
3. SE	x	4.	RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	(HDAY)	IE UNDER TYEAR	IF UNDER 24 HRS
F	emale		Whit	te	Jan	20, 1890 YEAR	94	YRS.	MONTHS DAYS	HOURS MIN.
	RIHPLACE (STATE O	R FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	_		
	aryland		USA		WIDOWE		Baltimore	e Cit	y	MD.
	TY OR TOWN OF D Baltimore	EATH 11		IOSPITAL, NURSING HEACHLITY, GIVE STREET A and Gener		or other institution ospital	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O School tea	F WORKING L		• City
13a S		13b. COUNTY		GIVE RESIDENCE BEFORE  136. CITY OR TOWN  Baltime	1	13d INSIDE CITY LIMITS? YES X NO [			ers Ave.	21209
	ATHER'S NAME	A IC	DLE	LAST		15. MOTHER'S MAIDEN NA/	ME		LAST	
H	erbert H.	Stotle	r		1.551.0	Dana King				- 7285
	VAS DECEASED EVE	R IN U.S. ARME		166. SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS		
N		( 100,000	THI OH DATES,	212 74 1	132	Margaret C.	Welkos 311	1 May	field A	ve - 21207
Z		mmediate ting the se lost.	(b) Se	R AS A CONSEQUE VER DENY R AS A CONSEQUE	<i>idrat.</i> NCE OF	ion	INAL DISEASE OR CON	DITION GI	VEN IN PART 110	3
5	19a DATE OF OPER	ATIONI	Tial covini	TION SOR WALLEY	ODEDATIO	N WAS PERFORMED	20e AUTOPSY?	Tank IE VE	S, WERE FINDIN	loc uses
TIFICA	196 DATE OF OPER	ATION	176. CONDI	HON FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO X	IN CERTI	IFYING CAUSES	
MEDICAL CERTIFICATION	OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)	
MEDI	AT WORK AT W	WHILE D		EET, FACTORY, OFEICE, FA		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	sow the deced	(this hospital asset alive on $\frac{L}{L}$ (did) (did) (a)	ecembe	r 21 19 8	Decei	mber 20, 19 84 of that in ( <b>XX</b> (our) opinion (	, to			that ( <b>IX</b> (we) last causes stated
	22b. SIGNATURE	Kit	une	This	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		12. DATE:	SIGNED -21-84
	Mein-1	Door Kic		.D.		C/O Marylan	d General H	ospit	al	
73a C	RIIDIAL CREMATION	I DEMOVAL I	22h DATE	72. N	AME OF C	EMETERY OR CREMATORY	1234 LOCATION			

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burial 12/24/84 Druid Ridge Cemetery Pikesville, Balto. Co. Md.

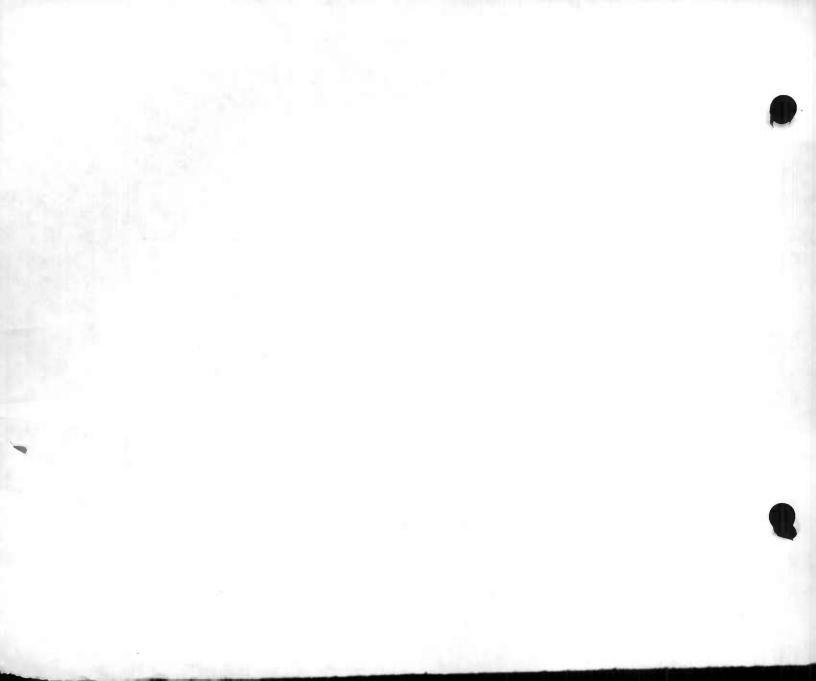
Representation, removal 138 Date 12/24/84 Druid Ridge Cemetery Pikesville, Balto. Co. Md.

Representation remains a county process of the prediction of the process of the prediction of the prediction



VOIDED DEATH CERTIFICATE NUMBER 84-33091

January, 1985 death filed incorrectly with Dec. 84 deaths.

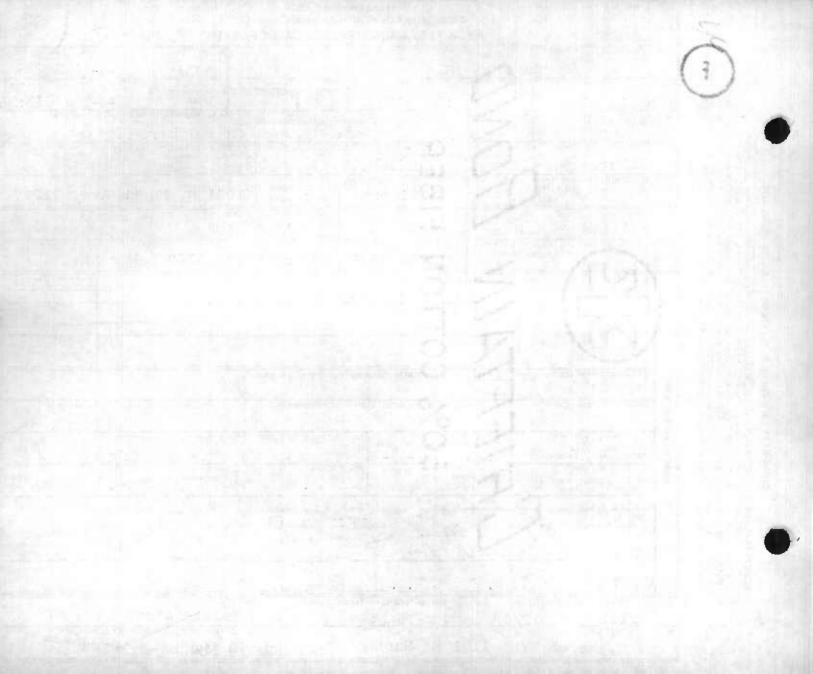


DEPARTMENT OF HEALTH AND MENTAL HYGENE 📣

FOR

(VRA 15, 4)

· SO BELLIER PERMIT 1112 3.0.13 1/8 LITEROLUMENTI VOLL The second of the second CONTRACTOR OF THE PROPERTY OF DATE OF LOUIS ROYAL ALLE KAYA MILLS 



•	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	

0	1 -	FOR STATE REGISTRAR	DEPAI	RTMENT OF HE	ALTH AND ME	NTAL HYGI	ENE	3 3 REG. NO.	0 9	य
		CEASED NAME FIRST CORPRINT)		P	ayne		20 DATE OF D	22,	1984	2b. HOUR 6: A
44	3. SE	× 'emale	4 RACE Black	S. DATE OF		1906	6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	HOURS /
35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	8. MARRIED WIDOWED	□ NEVER MA	RRIED -	1000 - 1000	nore, City		
Softies C	Ва	altimore	11. NAME OF HOSPITAL, NUR (IE NOT IN SUCH FACILITY, GIVE STR 6800 Liberty	Road	OTHER INSTIT	UTION	(type of work F	CCUPATION OR MOST OF WORKING PINCIPAL	(LIFE) 12b, KIND ( INDUSTRY Dept	of BUSINESS
d 185	130.	Maryland	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEI	ore		10		DRESS / ZIP CO	Road -2	1207
35 Min		ATHER'S NAME FIRST  Edward	S. Ailor Sr.		IS. MOTHER'S M	sy	ΛE		111	12
The medical	160	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	. ARMED FORCES? 16b SOCIAL SE S, GIVE WAR OR DATES!		Mrs. Hi		Carte	r-6800 L	iberty R	d.2120
aws any injury, ar other	CERTIFICATION	couse (o), stoting the underlying couse lost  PART 2 OTHER SIGNIFICAT		TO DEATH BUT N	locus	Bat	200 AUTOP	SY? 20b. IF Y	ES, WERE FINDI	NGS USED
Item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (1F EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A.M. MONTH	DAY YEAR				RE OF INJURY IN ITEM II		
rked or	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE FARM, ETC )	21f LOCATION STREET		-	CITY OR TOWN	COUNTY	STAT
If them 21 is mo			ospital) attended the deceased from	84 , one	EGREE ATT	ENDING _	MEDICAL	on the date and h	our and from the	
MPORTANT		22d. PHYSICIAN'S NAME UN	YPE OR PRINTING		22e ADDRESS	YSICIAN D	DIRECTOR	PHYSICIAN [	Oags!	all,
≥		BURIAL, CREMATION, REMOV		NAME OF CE				TOWN	COUNTY	STAT
M 7/B4	24 FI	Burial UNERAL DIRECTOR NAME utter & Sons I	Funeral Home Inc.	2501 Gw Falls	nmne			SISTRAR 25b. REGI		URE

25 1984 BIA	Doc. (1) 2	Payme	roll	10.0
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3 <u>1</u>	20129298			Smilyaut
ba to .Jose lagin	ning. res	316	capd Liberty s	Saltimore
70678-back, 1970	dta 6555		romit Isl	basiyan
TABLE		appet 1	Allor St.	Edward J.
200 Elberty DJ. 22207	M A. CARRES-S	Exe. Fills		68
		Jan 1		
			774.4	
-Balio. Co. Maryland	201611. 2012 1 E 2 A	er en		Puttol

## 4. RACE 5. DATE OF BIRTH 3 SEX DAY YEAR Male Black 27 1934 To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland S. A. DIVORCED [ WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IO. CITY OR TOWN OF DEATH BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI uld be 13o. STATE 113b COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? Baltimore Maryland YES X NO [ 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST Mable Calvin Stanley Pavne 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-30-9892 Mable Payne No. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: DING TORU IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION ardional The CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION à 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on obove, (I) (we) (did) (did not) view the body ofter death ATTENDING PHYSICIAN MPORTANT 22e ADDRESS d be 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (SPECIFY) 1/3/1985 Baltimore Cemetery

MIDDLE

IRVIN

FOR - STATE

LTYPE OR PRINTI

REGISTRAR

FRANK

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH 26 HOUR PAYNE DECEMBER 28.1984 8:00Au IF UNDER 24 HRS 6 AGE LINYEARS LAST BIRTHDAY IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cab Driver Transportation 13e STREET ADDRESS / ZIP CODE 1230 Tree Leaf Ct Baltimore, Maryland 21202 Diggs 1716 Mc Cultoh Street Baltimore, Maryland 21217 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH medollera sundrome 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN

23d LOCATION Baltimore,

Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Funeral Home Inc. Baltimore, Maryland 21216

2501 Gwynns Falls Parkway

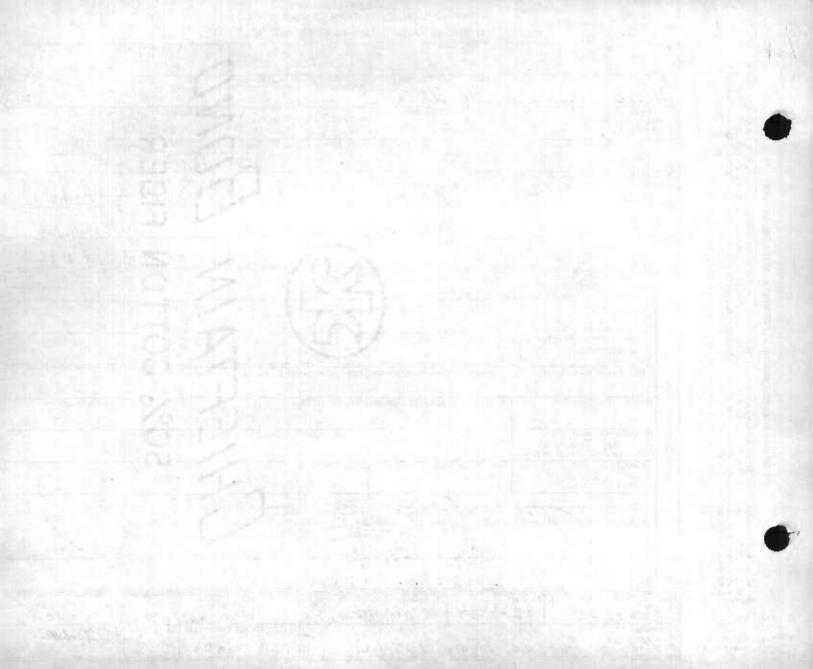
Burial

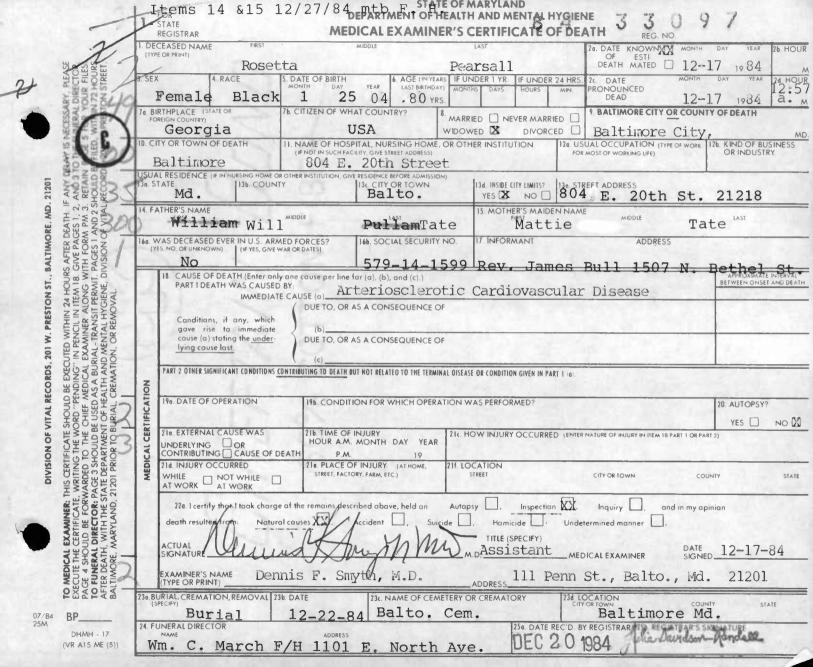
24 Nutters & Sons

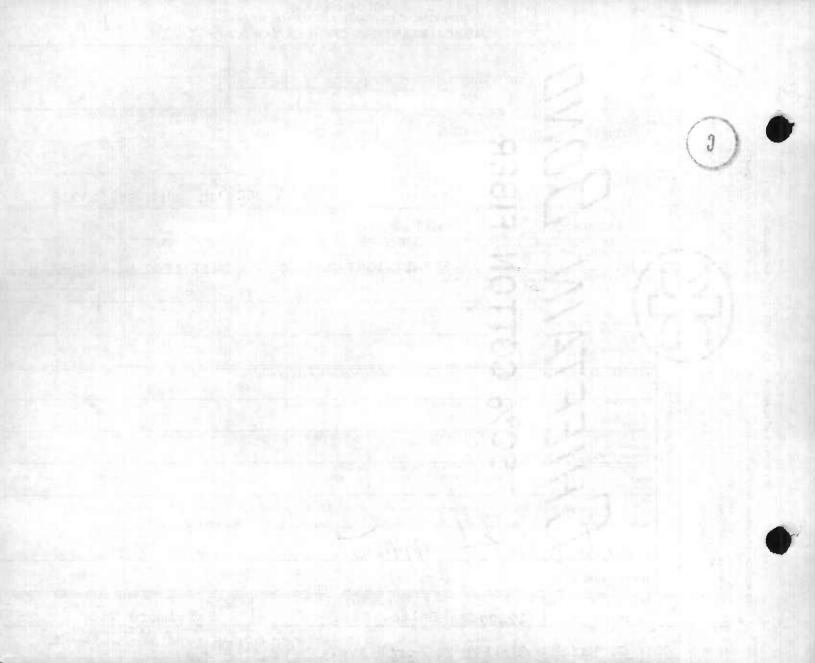
DHMH - 16 50M 4/B3

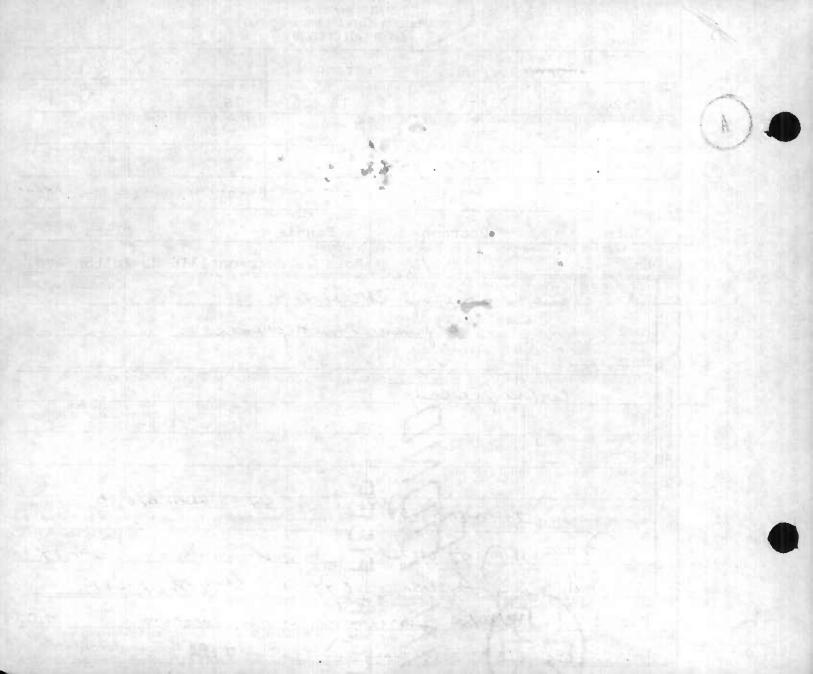
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE MEDICAL EXAMINER'S TE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWNXX MONTH 20. DATE (TYPE OR PRINT) ESTI-PEACOCK KEVIN DEATH MATED 12-1-84 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY 12-1-84 PRONOUNCED Negro 8:53A 66 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) Baltimore City O CITY OR TOWN OF DEATH OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Baltimore Studen USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) # 212 13b. COUNTY CITY OR TOWN 13d. INSIDE CITY HARITS? 13e STREET ADD MID NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ADDRESS (YES, NO, OR UNKNOWN) 3301 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hanging DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YESXX DEPARTMENT NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 4 OAY and 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL PRIOR subject found hanging from pipe 2 JAMP.M. 12 AT WORK AT WORLE 2707 Spellman Rd. AptroA-2 BaltocowMaryland STATE apartment TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2 Autapsy X charge of the remains described abave, held an 226. I certify that I took Inspection ond in my opinian Suicide XX death resulted fra Homicide Undetermined monner LITTLE (SPECIFY) ACTUAL DATE 12-1-84 Deputy Chiafical EXAMINER SIGNATURE 111 Penn Street EXAMINER'S NAME Thomas D. Smith, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE STATE 07/84 25M 24 FUNERAL DIRECTOR 25. REGISTRAR'S SIGNATURE DAMASON - Hands 12 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5))









	1.	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL BY C CERTIFICATE OF DEATH	REG. NO.	3 0 9 9
)	1. DEC	CEASED NAME FIRST OR PRIMATHAN EL	MIDDLE E.	PENDERGRASS	20. DATE OF DEATH	2 25 84 25. HOUR
/	3 SE	Male	4 RACE	5. DATE OF BIRTH  MONTH  2  12  1913	6 AGE (IN YEARS LAST BIRTHO	F UNDER TYEAR IF UNDER 24 HR. MONTHS DAYS HOURS MIN
÷ 77		RTHPLACE (STATE OR FOREIGN OF THE Carolina	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR Baltimore	COUNTY OF DEATH
34	10 CI	TY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION	12b. KIND OF BUSINESS C
35	USU/ 13a. S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2 Baltimore,	Maryland 21216
	14. 62	Unknown	MIDDLE LAST UNKNO	FIRST	WIDDLE	Conyers
event, the medical	- 0	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? 166 SOCIAL SECU			Brighton Street more. Md. 21216
or other troumatic		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NGFOF		
ony injury,	IFICATION	underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	DEPARTMENT NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
'wlory'	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (1h) has	19b. CONDITION FOR WHICH   19b. CONDITION   19b.	OPERATION WAS PERFORMED  AY YEAR  19  21t. HOW INJURY OCCUR  AFFIRE TO THE TERM  21t. LOCATION  STREET  DEGREE  ATTENDING	200 AUTOPSY? YES NO NO RED (ENTER NATURE OF INJURY I	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY  STATE  COUNTY  STATE  206. IF YES, WERE FINDINGS USED NO COUNTY  STATE  206. IF YES, WERE FINDINGS NO COUNTY  STATE  STATE  206. IF YES, WERE FINDINGS NO COUNTY  STATE  STATE

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STEEL STATE OF THE STATE OF THE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEASED NAME FIRST (TYPE OR PRINT)	AN IDDLE						
		MARGARET MURRAY PENNIMAN		MAN	DECEMBER 9,1984			
	i. SEX Female	White	Sept. 6,1896		0.7102   1.110			
5	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	75. CITIZEN OF WHAT COUNTRY? USA	MARRIED WIDOWED XX	NEVER MARRIED DIVORCED	Baltimore City OR COUNTY C		MD.	
	10 CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN 1429 Tark "Ave		HER INSTITUTION	178 USUAL OCCUPATION (TYPE OF HOMEMAKET  HOMEMAKET	17b. KIND OF BU INDUSTRY	SINESS OR	
5	USUAL RESIDENCE (# NURSING HOME 136 STATE 136 CC Maryland		re 13d. II		136.STREET ADDRESS / ZIP CODE 1429 Park Ave	e. 2121	.7	
2	14 FATHER'S NAME FIRST Edward Murray	Tyler LAST	15. M	OTHER'S MAIDEN NAM		LAST		
	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES,	ARMED FORCES?   16b. SOCIAL SECU-	R018D	rgaret M.	ADDRESS Penniman 1429 Par	k Ave.	21217	
	PART I. DEATH WAS CAU	ronly one couse per line for (0), (b), on JSED BY: DIATE CAUSE (0) A wete		. Deerde	re Galere	APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	1000 10, OK A5 200 0	NCE OF	Deser		rger	> '	
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO			200 AUTOPSY? 206 IF YES,	WERE-FINDINGS		

NO 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

P.M LIF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, EARTH, ETC )

22a.1 certify that (1) (this hospital) attended the deceased from in (py) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 226. SIGNATURE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D MEDICAL

22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

302 E. 33rd St. Baltimore, Md. 21218

Edwin J. Berstock, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE Burial Druid Ridge

Dec. 12,198 24. FUNERAL DIRECTOR Stewart & Mowen Co. 108 W. North Ave. 21201

Pikesville, Balto. Co., Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 1 4 1984

STATE

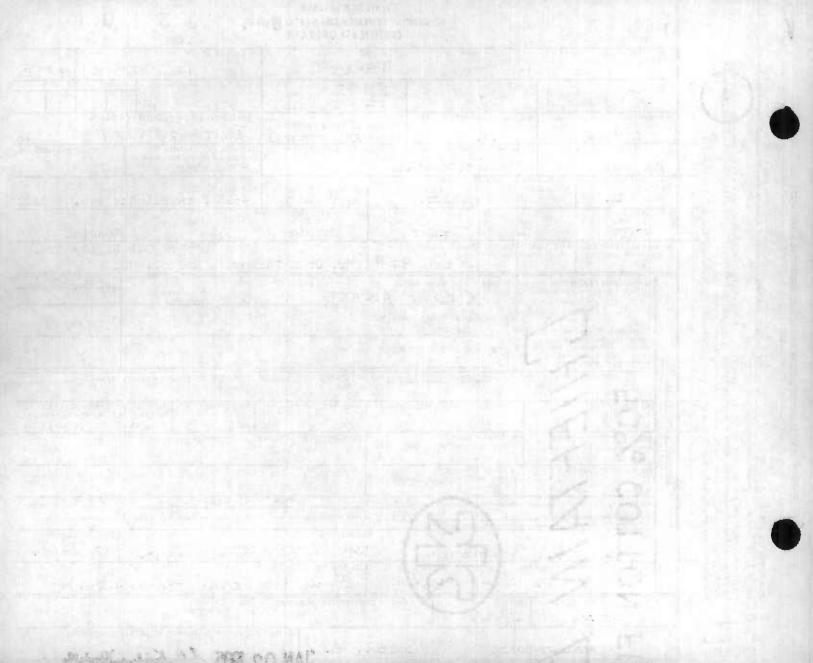
DHMH - 16 50M 4/83 (VRA 15, 4)

of Health and Mental Hygiene prior to bu

IMPORTANT: If them 21 is marked or them 18 shows ony

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١	FOR STATE REGISTRAR	DEPA		ICATE OF DEATH	REG. NO.	0 2				
1	DECEASED NAME FIRST Madel i	ine M.		Perry	December 19,	1984 2b. HOUR				
3	3 SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS				
ı	Female	White	Jun	e 2, 1914	70 YRS.					
17	BIRTHPLACE (STATE OR FOREIGN COUNT Maryland	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE WIDOWE	D NEVER MARRIED A	9. BALTIMORE CITY OR COUNTY OF DEATH  Baltimore City					
	Baltimore	11. NAME OF HOSPITAL, NU 15625 Sarga Ro	ad address)	DR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Secretary	126. KIND OF BUSINESS OR INDUSTRY  FOOD Broker				
	Maryland 136 COU			13d INSIDE CITY LIMITS? YES MO	13. STREET ADDRESS / ZIP CO. 5625 Sarga Ros	DE 21239				
	4. FATHER'S NAME Andrew	Perry Perry		15. MOTHER'S MAIDEN NAME HELEN	ME MIDDLE	Ritter				
T	60 WAS DECEASED EVER IN U.S. AF	1237 A D O D A VECT	ECURITY NO.	17. INFORMANT	ADDRESS					
L	(YES, NOOR UNKNOWN) (IF YES, GI	212-0	7-7556	Leona J. Ba	ngs 5625 Sarga I	Road 21 239				
		nly one couse per line for (o), (b ED BY: (TE CAUSE (a)	nette	in + depe	ydration	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 WWW				
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	EQUENCE OF	Luck obst	untion of	al Pladdor				
		PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NOT RELATED TO DE TERMAND DISEASE OF CONTRIBUTION OF THE PART ? OTHER SIGNIFICANT CONDITIONS OF THE PART ? OTHER SIGNIFICANT CONDITIONS OF THE PART ?								
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-	OR CONTRIBUTION TO CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TE	J PART I OR PART 2)				
	OR CONTRIBUTING CAUSE OF DE CA	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	saw the deceased alive ar abave, (I) (we) (did) (did eq	220-1 certify that (I) (this hospital) attended the deceased from the deceased from the deceased dive an above, (I) (we) (did) (did apt) view the bady after death.								
	1-11	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P								
		DeMarco, III, M.		333 St. Pau		ore, Md.				
1	Burial, CREMATION, REMOVAL	Dec. 22, 1984		ore Cemetery	23d LOCATION CITY OR TOWN Baltimore	COUNTY STATE				
1	Leonard J. Ruck,	Inc. Baltimor	e, Md.	DEC	ERECO BY REGISTRAR 231. REGI					

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL PYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a. DATE OF DEATH MONTH 7h. HOUR TYPE OR PRINTS December 2. 1984 PERTICONE JOSEPH 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH HOURS Ta. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY DIVORCED OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR JOHNS HOPKINS HOSPITAL BALTIMORE JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 14 FATHER'S NAME -10:08 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for Abi, and ici. PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF 19018 Conditions, if any, which gave rise to immediate couse (a), stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 NON-MED BY Dr. DIVISION OF VITAL RECORDS. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 201 IF YES, WERE FINDINGS USED 20a AUTOPSY? CERTIFYING CAUSES OF DEATH? NO YES NO [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( # EITHER NOTHY MEDICAL EXAMINER) P.M. 211 LOCATION 71d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the desow the deceased alive on , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 72h SIGNATURE DEGREE 22c DATE SIG MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 77 ADDRES DHMH - 16 50M 4/83 (VRA 15, 4)

- Calait Miles String 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	53.4	REGISTRAR			CEKIT	ICATE OF I	DEATH	REG. NO.				
		CEASED NAME FIRST	N	MDDLE	1	AST .		20. DATE OF DEATH M	ONTH DAY	YEAR	26 HOUR	R
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	3 SEX	X	4. RACE		S. DATE C		7 7 7	6. AGE (IN YEARS LAST BIRTHE	MON!	NDER I YEAR	IF UNDER 2	
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11	1	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INS	NOITUTIO	120 USUAL OCCUPATION		26. KIND O	F BUSINES	SS OR
7		LTIMORE CITY	UNION	MEMORIAI	HOSP	ITAL			memake			
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	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST			S MAIDEN NAM	ME		LAST	,	
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1	CERTIFICATION	()				V		YES TI NOT	IN CERTIFYING		OF DEATH	
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1		OR CONTRIBUTING CAUSE O			AY YEAR							
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DHMH - 16 50M 4/83 (VRA 15, 4)

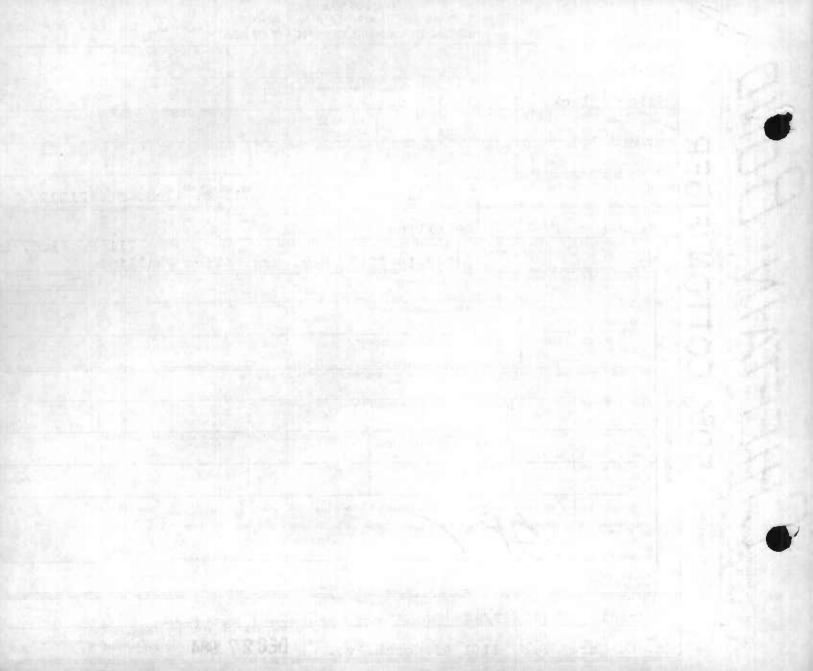
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN X MONTH 2h HOUR LIVE OF PRINTS Phillips DEATH MATED 12/21/ 10 84 Lyman Trustee 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED 1984 21 18 DEAD 12/21/ Male Black 66 YRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY) 1, 2, AND 3 TO THE FU A 3. RETAIN PAGE 5 D 2 SHOULD BE FILED, VI TALL RECORDS, 201 W. N.C. USA WIDOWED DIVORCED Baltimore City B. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY E. 43rd St. Baltimore JSUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 711 E. 43rd. St. 21212 Baltimore 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE Phillips Ada Ernest 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IT. INFORMANT ADDRESS 711 E. 16b. SOCIAL SECURITY NO 43rd. (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) Rev. Mrs. Alice Phillips 242-18-8210 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Remote cerebro-vascular accident & Organic brain syndrome 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES [] ХОИ 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3. AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK COUNTY STATE 220 I certify that I took charge of the remay described above, held an Autopsy Inspection and in my apinian death resulted from: Natural Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 12/24/84 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION COUNTY STATE Woodlawn Cemetery | Baltin Burial 12/27/84 Baltimore 07/84 25M 24 FUNERAL DIRECTOR DHMH - 17 Tulia Davidson- Asndale (VR A15 ME (5)) C. March F/H 1101 E. North Ave.



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

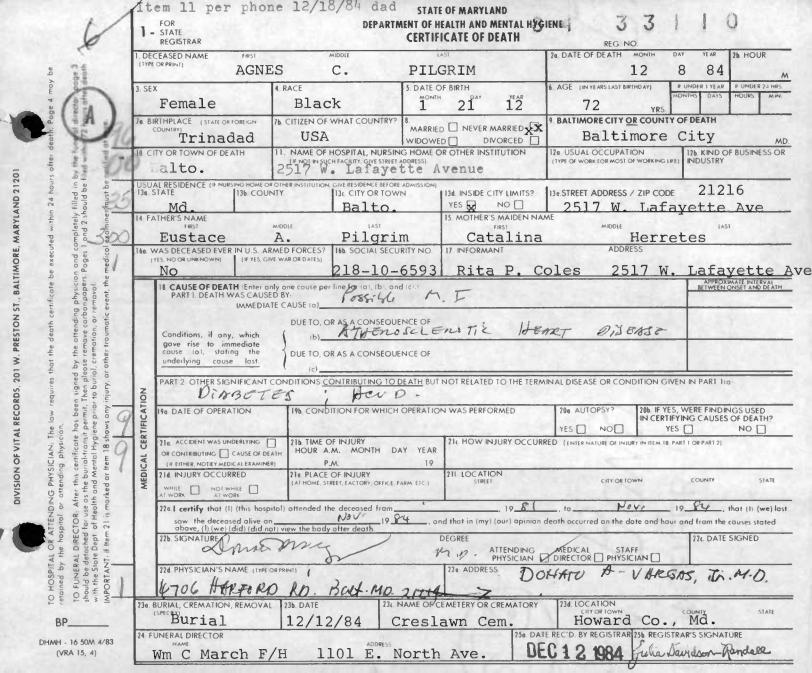
1	6	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	
1		CASED NAME WALTER	R A	PLASI	KOWSKI S.	2a DATE OF DEATH	MONTH DAY YEAR	B PM
1	3. SEX		RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS
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/	10 CI	TY OR OWN OF DEATH			OR OTHER INSTITUTION	126 USUAL OCCUPATION WORK FOR MOST OF		D OF BUSINESS OR
1		LE RESIDENCE LIF NURSING POME OF OF	HER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	INED.CEN.	TETTE	200 0000	21000
5	13a S	ARYLAND BALT	IMORE DUN	LOALK	YES NO S	512 S.4	1717 51	1000
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2		VAS DECEASED EVER IN U.S. ARME S NO OR UNKNOWN) IF YES GIVE W	ED FORCES? 166 SOCIAL AND CONTROL OF THE SOC	SECURITY NO. 07 4627	AGNES PIAS	towski 5	12 S. 4111	TST.
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		IMMEDIATE (	DUE TO, OR AS A CON					
		Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	V	CARDING INI	FARLTION		
		underlying couse lost.	(6)	SEODENCE OF				
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1	MEDICAL CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAUS YES	
1	1 CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART	?)
	DICA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION		/	
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, (	OFFICE, FARM ETC )	STREET	CITY OR TO	WN COUNTY	STATE
		22a I certify that (I) (this hospital	Dattended the deceased	A 14	1.23 19 84	to Dec, 29	19 84	_, that (I) we ast
4		sow the deceased olive on above, (I) (we) (did) (did nat) v 22b. S/GNATURE			nd that in (my) (our apinion of	death accurred an the do		ATE SIGNED
		Grue Will	life		ATTENDING PHYSICIAN	MEDICAL STAF	F 14 17	128/84
		PAUL WALL	MOUT		4940 EAST	FRN Ave.	Balt. M	d 21224
	23a B	RIAL, CREMATION, REMOVAL	23b. DATE /1985	ST ST	EMETERY OR CREMATORY	23d OCATION CITY OF TOWN	DOE COUNTY	MD. STATE
	D	INERAL DIRECTOR	paulet: 22	766/1	ET G 250 DATE	E REC D. BY REGISTRAR	11. 11.	×1 0 00
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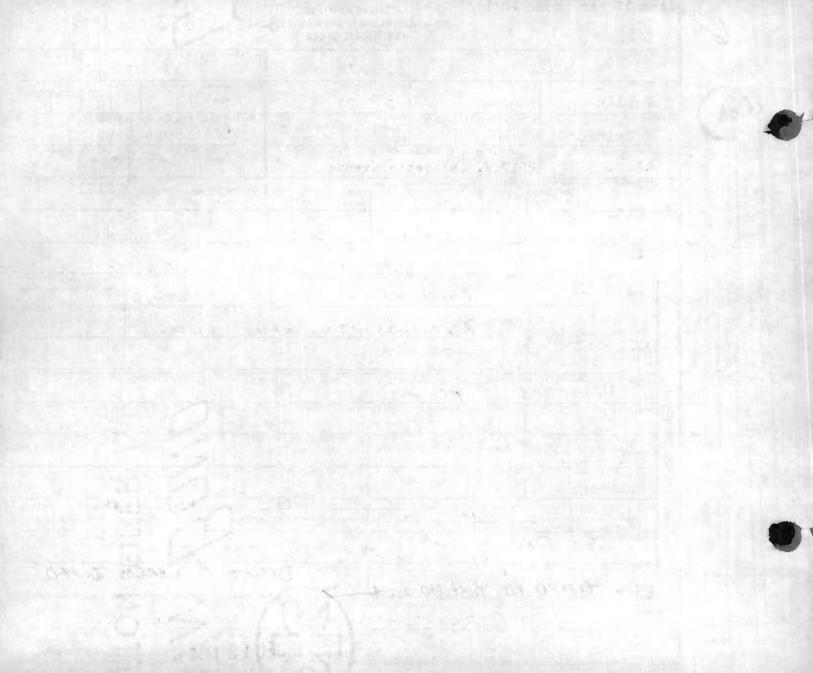
DHMH - 16 50M 4/B3 (VRA 15, 4)

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5	70 BU	ONTRY) enusy	STATE OR FOREIGN 76	CITIZEN OF WHAT	COUNTRY? 8. MARR	NEVER MARRIED  MED DIVORCED	B	ALTO	City	DEATH	MD.
8	The Co	Baltin	OF DEATH	CHENOT IN SUCH FACILITY	Y, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	(TYPE OF W	LOCCUPATION ORK FOR MOST OF	WORKING LIFE)	126. KIND OI INDUSTRY Greensf	ring Dair
5	USUA 13a. S	TATE	135 COUNT		TY OR TOWN	138. INSIDE CITY LIMIT	19	ADDRESS /	ZIP CODE	Rol	21228
30	JA. FA	Ge	orse "	DDIE D	SANT C	15 MOTHER'S MAIDE	GARA	MIDDLE		LAST	K
2	160 \	AS DECEASE NO	DEVER IN U.S. ARMI	WAR OR DATES!	2-10-6860	Mrs. Jean	Pisanic		5/400 nsville		
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	TION.	K	ecent (	ABX5;	Recent	Lecepton	efola		Ma a		
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		saw the	deceased alive an_	over the body after deced	1984	and that in (my) (aur) op	oinian death occur	7 De	e and haur ar	/	

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 12/11/84

Lake View Cemetery

22e ADDRESS

23d LOCATION
CITY OR TOWN
Sykesville

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Greene SI

Carroll MD

24 FUNERAL DIRECTOR Loring Byers Funeral Directors 8728 Liberty Rd. Randallstown, MD

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V	3. SEX	Male	Cerncusium	S. DATE (		AR T		YRS MONTHS DA	AYS HOURS MIN.
1	C	RTHPLACE ISTATE OR FOREIGN MARYLAND	76 CITIZEN OF WHAT COUN	MARRIE		B	TIMORE CITY OR CO	CAY	H MD
4	Bal	Himora, City	11. NAME OF HOSPITAL, NI	STREET ADDRESS)	OR OTHER INSTITUTIO	IZa US	LESMAN	PRKING LIFE) 126. KIN INDUST LIC	UOR
6	13a. S		ROTHER INSTITUTION GIVE RESIDENCE ALTO. BALTI		13d. INSIDE CITY LIM	7.80	REET ADDRESS / ZIP		1/21209
2	M. FA	THER'S NAME LOUIS	FISHEL	Ţ	IS MOTHER'S MAID		MIDDLE	RABINO	₩ÎTZ
	15a. W	VAS DECEASED EVER IN U.S. AF YES NO RUNKNOWN) (IF YES, GT	VE WAR OR DATES)	SECURITY NO. 3-0335	17 INFORMANT 2801 M.	MRS.	MOLLÍE FÍS		21209
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	EQUENCE OF	Artery	Low	ينام	3	PROXIMATE INTERVAL MEN ONSET AND DEATH On 40 win
7	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION				AUTOPSY? 200	D. IF YES, WERE FIN CERTIFYING CAU	NDINGS USED
?	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (HE EITHER, NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE NOT WHILE		19	211 LOCATION STREET	OCCURRED (EN	ITER NATURE OF INJURY IN I	ITEM IS PART I OR PART	
		22a I certify that (I) (this hasp	n 12/3 ot) view the body ofter death.	19 84 .0	DEGREE ATTEND PHYSIC	DING MED	ICAL STAFF CTOR PHYSICIAN	27c D.	that (I) (I) lost the couses stated AIE SIGNED
	23a. B	BURIAL, CREMATION, REMOVAL BURIAL	DEC. 4.1984	BNAT T	EMETERY OR CREMA		BALT IMORE	COUNTY	MARYI.AND

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO., MD 21215

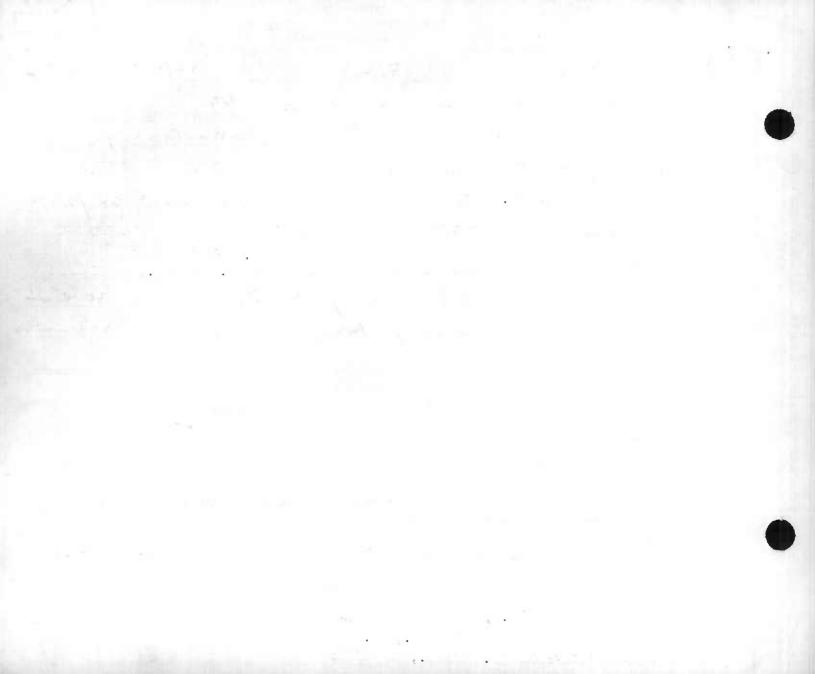
DEC.4,1984 SOL LEVINSON & BROS., INC.

BNAI ISRAEL

BALTIMORE

MARYLAND

25 DATE REC'D. BY REGISTRAR 25%. REGISTRAR'S SIGNATURE 1984

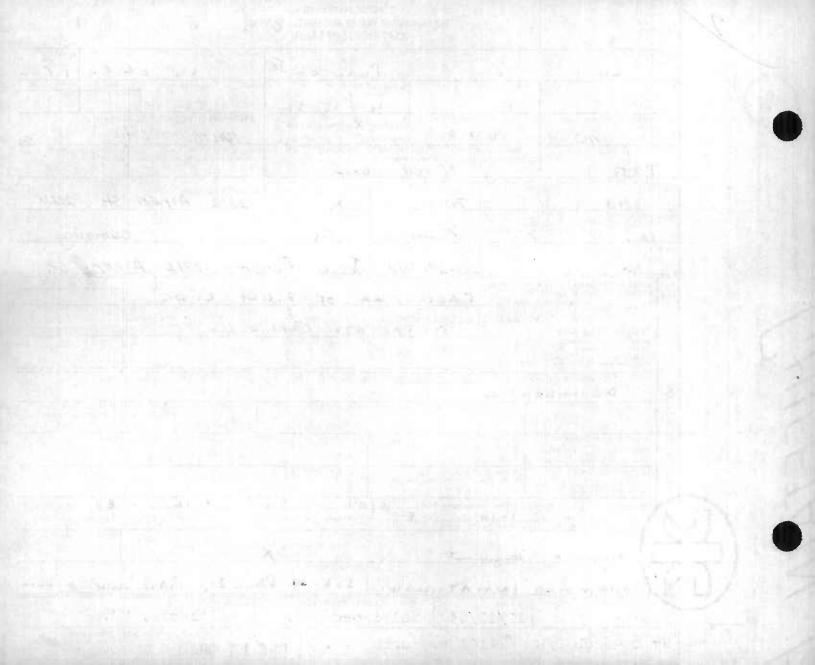


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	owners suite	BOUGH IVE		alosmon:	

2/	1.	FOR STATE REGISTRAR	D	EPARTMENT OF HEAL	MARYLAND TH AND MENTAL SGI TE OF DEATH	ENE 3		6
£		CEASED NAME FIR	ST MIDDLE	LAST	10	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
deat		LEVI	3	PL	ANTER, JR	12		1 P M
	3. SE.	X	4. RACE	5. DATE OF B	IRTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN.
0 220		<u></u>	ß	4	13 32	52		
22: 25		RTHPLACE   STATE OR FOREIC COUNTRY	76. CITIZEN OF WHAT COL	MARRIED A		BALTO.	City City	MD.
37	10 C	Batto	(IF NOT IN SUCH FACILITY, GI	NURSING HOME OR COVESTREET ADDRESS)  NEVEL 4	THER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
nould be	130. S	AL RESIDENCE (# NURSING H STATE 136	OME OR OTHER INSTITUTION, GIVE RESIDEN  COUNTY 13c. CITY (	DR TOWN 136	. INSIDE CITY LIMITS?	130. STREET ADDRESS 23/2 A	IKEN St.	21218
300 and 2 st	14 F/	ATHER'S NAME FIRST	0:	anter. Sr.	MOTHER'S MAIDEN NAM	WIDDLE	cum	AST .
medical		VAS DECEASED EVER IN U	.S. ARMED FORCES? 16b SOCI. YES, GIVE WAR OR DATES)	AL SECURITY NO. 17.	Sosie Plan	ADDRE 2.31	SS	, 54
hen please remay ta buriol, crematic ijury, ar ather trac	NO		the DUE TO, OR AS A CO	NSEQUENCE OF	TRELATED TO THE TERMI		DITION GIVEN IN PART 1	(0)
ows ony it	CERTIFICATION	190 DATE OF OPERATION	<u> </u>	WHICH OPERATION W	AS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
Mental Hygin	MEDICAL CER	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.M. MON	TH DAY YEAR	c. HOW INJURY OCCURRI			
th and	ME	WHILE NOT WHILE [	AT HOME STREET, FACTORY	OFFICE, FARM, ETC.)	STREET	CITY OR TOV		STATE
I for use of Heal	1	saw the deceased al	hospital) attended the deceased ive an 12-16 did not view the body after death	19 84 and th	not in (my) (our) opinion d		ite and hour and fram the	, that (I) (we) last e couses stated
detached ate Dept II: If Herr		27b. SIGNATURE	e 2=====	DEG	ATTENDING PHYSICIAN	MEDICAL STAF		E SIGNED
0.00 4 5		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	22	• ADDRESS			
wh the S	1	MOHAMA	TALLANI CA	ulisit	333 ST. PI	JUL ST. /	3ALT, more	21102
should be do with the Sto		SURIAL, CREMATION, REM		23c. NAME OF CEME	333 ST. PA	Pulst. (		21202 STATE



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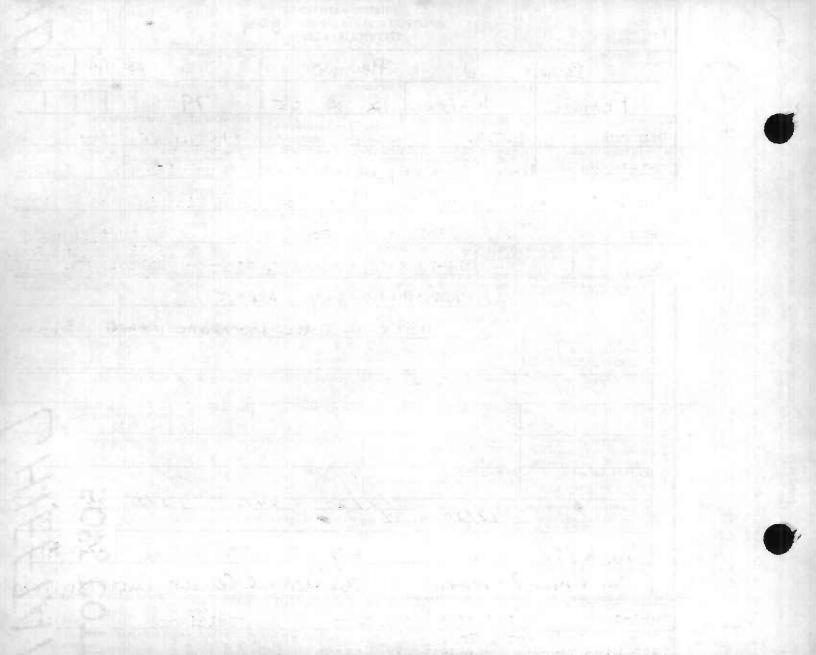
DEG 2.4 1984 June Davidson-Handelle

DHMH - 16 50M 4/82

/\/DA 15 4\

7922 Wiso Avenue Dundalle

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HOGIENES

3 3

	REGISTRAR				40	FICATE OF DEATH	REG. N	0			
	ASED NAME	FIRST		MIDDLE		LAST		MONTH	DAY	YEAR	2b. HOUR
177	PRINT)	WILLIA	M	LEWIS		POOLE	7	EL	19	1984	8:35P
1. SEX			4. RACE	2411 20	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THD AY)		ERIYEAR	IF UNDER 24 HE
-1	MALE		WH	ITE	MON 1		54	YRS.	MONTHS	DAYS	HOURS MI
	IRTHPLACE   STATE OF	R FOREIGN	76 CITIZENO	F WHAT COUN	NTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY C	R COUNT	Y OF DE	EATH	
	MARYLAND		U.S	5.A.	WIDOW	_	BALTIMOR	E CI	TY		,
10 C1	ITY OR TOWN OF DE	ATH		F HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPAT			KIND OI	BUSINESS
20	BALTIMORE			5207 MU	TH AVEN	UE, 21207	PIPEFITTE		C	IVIL	SERVI
13a. S	AL RESIDENCE (IF NU STATE ARYLAND	PSING HOME OR INTERPRETATION	ITY	13c. CITY OF		134. INSIDE CITY LIMITS?	13e STREET ADDRESS . 5207 MUTH		DE		GUARD 07
14. FA	LEWIS	٨	MIDDLE	HESSL		15 MOTHER'S MAIDEN NA FIRST FRANCES	MIDDLE		1	UNKÑ	NWC
	WAS DECEASED EVE			_	L SECURITY NO.	17 INFORMANT	ADDR	ESS GLI	EN B	URNI	E, MD.
(1)	NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES)	215-2	8-5530	LEONARD H. I					
	18 CAUSE OF DEA	TH (Enter an	y one cause p	1							MATE INTERVAL
	PART I. DEATH		Ď BY: E CAUSE (o)_	PROBI	ABLE A.	WIE MYNARDI	42 INFARCTIO	N		SUDD	
			DI IF TO	OR AS A CON	SEQUENCE OF			,			4 .
	Conditions, if an gove rise to in couse (a), statunderlying couse	nmediate ling the se last.	DUE TO,	OR AS A CON	ISEQUENCE OF					4EM	
NO	gove rise to in cause (a), state underlying cause PART 2. OTHER SIG	nmediate ling the se last.	DUE TO,	OR AS A CON	SEQUENCE OF	IT NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION G		PART Ito	į (
IFICATION	gove rise to in cause (a), state underlying cause PART 2. OTHER SIG	nmediate ing the se last. GNIFICANT C	DUE TO,  (c)  ONDITIONS	OR AS A CON CONTRIBUTION EVETIVE	ISEQUENCE OF		MINAL DISEASE OR CON  E BRONG  200 AUTOPSY?	DITION G  HINE 20b. IF YE	ES, WER	PART III	GS USED OF DEATH?
AL CERTIFICATION	gove rise to in cause (a), statunderlying cause PART 2. OTHER SIC CHR 19a, DATE OF OPER.	mmediate ing the see lost.  GNIFICANT C  ATION  NDERLYING  CAUSE OF DEA	ONDITIONS  ONDITIONS  ONDITIONS  19b CON  21b TIME HOUR	OR AS A CON  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  FOR VI  OF INJURY  A.M. MONTI	SEQUENCE OF  IG TO DEATH BU  PUL MA  WHICH OPERATION  H DAY YEAR	IT NOT RELATED TO THE TERM  NAME DISEASS  ON WAS PERFORMED  21c HOW INJURY OCCUR	MINAL DISEASE OR CON  BRONG  200 AUTOPSY?  YES NO	HIAL 20b. IF YE	ES, WER	PART IIIO	GS USED
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_	PART 2. OTHER SIC  THE REST CONTRIBUTION OF CO	INDERLYING DE LEXAMINER REED DATE DE LEXAMINER DE LEXAMIN	ONDITIONS  ONDITIONS  19b. CON  21b. TIME HOUR  AT HOME:	OR AS A CON  CONTRIBUTIN  CONTRIBUTION  FOR V  OF INJURY  A.M. MONTI  P.M.  E OF INJURY  STREET, FACTORY, C	SEQUENCE OF  G TO DEATH BU  WHICH OPERATI  H DAY YEAR  19  OFFICE, FARM, ETC.)	IT NOT RELATED TO THE TERM  NAME DISERS ON WAS PERFORMED  211c HOW INJURY OCCUR  2111 LOCATION STREET	ANINAL DISEASE OR CON  BRONC  200 AUTOPSY?  YES NO PROPERTY OF INJUNCTION OF ICE	DITION G HI 44 20b. IF YI IN CERT Y RY IN HEM 18	ES, WER IFYING YES D B PART TOP	PART I I O	GS USED OF DEATH? NO  STATE
_	PART 2. OTHER SIC  CHR  19a. DATE OF OPER  21a. ACCIDENT WAS U OR CONTRIBUTING  116 EITHER, NOTIFY ME 21d. INJURY OCCU  WHILE AT WORR  22a. I certify that ( saw the deced	INTERIOR OF THE PROPERTY OF TH	DUE TO,  (c)  ONDITIONS  196 CON  216. TIME HOUR  AT HOME.	OR AS A CON  CONTRIBUTIN  PUCTIVE  OF INJURY  A.M. MONTI  P.M.  E OF INJURY  SIREET, FACTORY, C	SEQUENCE OF  GOODEATH BU  PULM  WHICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	211 LOCATION STREET  211 LOCATION STREET  212 Open (a)	ANINAL DISEASE OR CON  BRONC  200 AUTOPSY?  YES NO PROPERTY OF INJUNCTION OF ICE	DITION G HI 44 20b. IF YI IN CERT Y RY IN HEM 18	ES, WER IFYING YES D B PART TOP	PART I I O	GS USED OF DEATH? NO STATE
_	PART 2. OTHER SIC  PART 2. OTHER SIC  19a. DATE OF OPER.  21a. ACCIDENT WAS U OR CONTRIBUTING INFETIMER, NOTHER ME.  21d. INJURY OCCU WHITE AT WORK  22a. I certify that ( saw the deced above, (I) (wa)  22b. SIGNATURE	Inmediate in the interest of t	ONDITIONS  ONDITIONS  19b CON  21b TIME HOUR  A HOUR  11 HOUR  12 PLAC  (AT HOME:	OR AS A CON  CONTRIBUTIN  PUCTIVE  OF INJURY  A.M. MONTI  P.M.  E OF INJURY  SIREET, FACTORY, C	SEQUENCE OF  GOODEATH BU  PULM  WHICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	216 HOW INJURY OCCUR  211 LOCATION STREET  DEGREE  ATTENDING PHYSICIAN 1	ANINAL DISEASE OR CON  BRONC  200 AUTOPSY?  YES NO PROPERTY OF INJUNCTION OF ICE	20b. IF YE IN CERT Y RY IN HEM 18	ES, WER FIFYING YES D B PART TOP	PART I I O	GS USED OF DEATH? NO STATE
_	PART 2. OTHER SIC  PART 3. OTHER SIC  PART 4. OTHER SIC  PART 5. OTHER SIC  PART 5. OTHER SIC  PART 5. OTHER SIC  PART 6. OTHER SIC  PART 6. OTHER SIC  PART 6. OTHER SIC  PART 7. OTHER	Inmediate in the interest of t	ONDITIONS  ONDITIONS  19b CON  21b TIME HOUR  A HOUR  11 HOUR  12 PLAC  (AT HOME:	OR AS A CON  CONTRIBUTIN  PUCTIVE  OF INJURY  A.M. MONTI  P.M.  E OF INJURY  SIREET, FACTORY, C	SEQUENCE OF  GOODEATH BU  PULM  WHICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	216 HOW INJURY OCCUR  211 LOCATION  STREET  DEGREE  ATTENDING	AIN AL DISEASE OR CON  BRONC  200 AUTOPSY?  YES NO CITY OR TO  to CITY OR TO  death accurred on the d	20b. IF YE IN CERT Y RY IN HEM 18	ES, WER FIFYING YES D B PART TOP	PART I (of FINDING)  EFINDING  CAUSES  DUNTY  1 from the company of the company o	GS USED OF DEATH? NO  STATE that im (we) causes stated
_	PART 2. OTHER SIC  PART 2. OTHER SIC  19a. DATE OF OPER.  21a. ACCIDENT WAS U OR CONTRIBUTING INFETIMER, NOTHER ME.  21d. INJURY OCCU WHITE AT WORK  22a. I certify that ( saw the deced above, (I) (wa)  22b. SIGNATURE	INDERLYING ATION  NDERLYING ATION  CAUSE OF DEA  DIC AL EXAMINER  ORR  ORR  I) (thus hospit  assed glive an  (add) (did not	DUE TO,  (c)  ONDITIONS  19b CON  21b TIME HOUR  21e PLAC (AT HOME.)  21view the box	OR AS A CON  CONTRIBUTIN  PUTTUE  DITION FOR V  OF INJURY  A.M. MONTH  P.M.  E OF INJURY  STREET, FACTORY, C  the deceosed  dy offer death.	SEQUENCE OF  GOODEATH BU  PULM  WHICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	211 LOCATION STREET  212 ADDRESS  214 HOW INJURY OCCUR  211 LOCATION STREET  219 25  214 ADDRESS	AIN AL DISEASE OR CON  BRONC  200 AUTOPSY?  YES NO CITY OR TO  to CITY OR TO  death accurred on the d	20b. IF YE IN CERT Y Y OWN  TOTAL OR THE MERCEN THE MER	ES, WER FIFYING YES D B PART TOP	PART I (of FINDING)  EFINDING  CAUSES  DUNTY  1 from the company of the company o	GS USED OF DEATH? NO STATE
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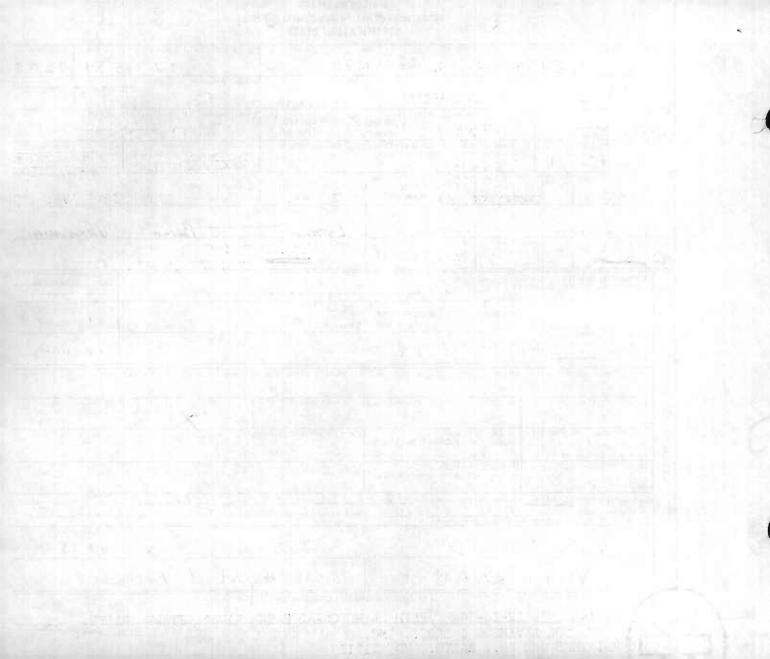
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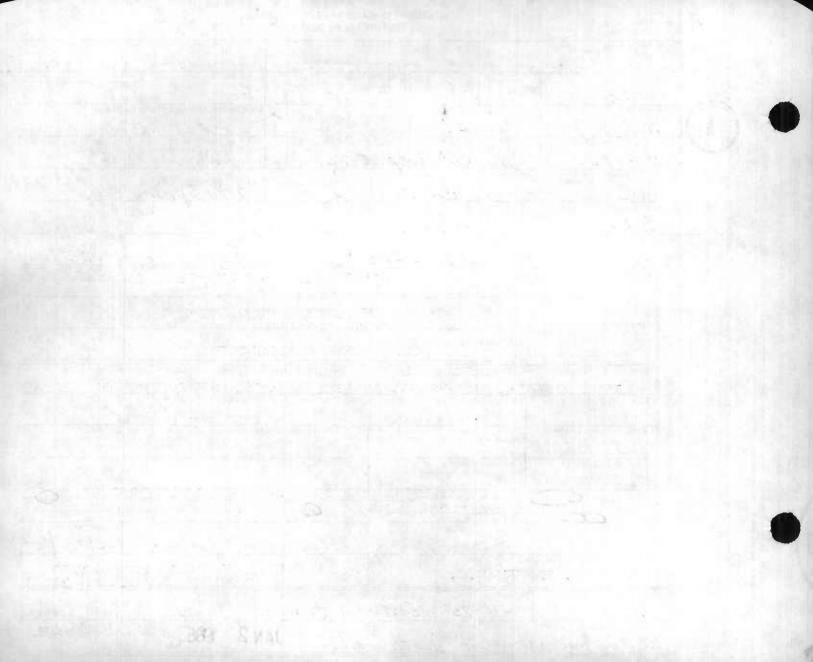
INC. 4107 WILKENS AVE. HUBBARD FUNERAL HOME,

With the state of 

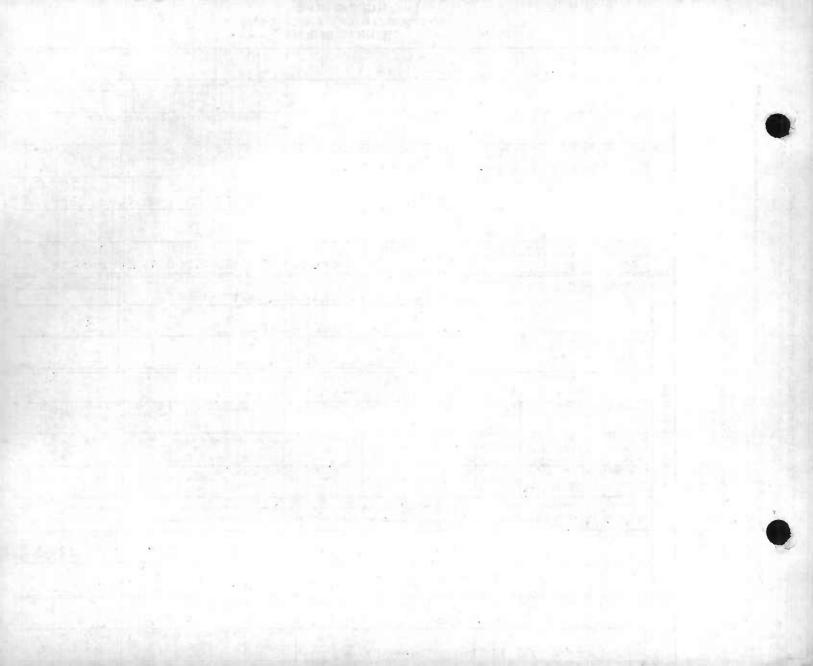
	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HOGIENE 3 3 1  CERTIFICATE OF DEATH	19
10	. DEC	EASED NAME FIRST	REG. NO.  MIDDLE LAST 26 DATE OF DEATH MONTH D.	AY YEAR 2b. HOUR
2 00 5	TYPE	BEN BEN	JAMIN S. POSNER 121	5 84 12354
1 1 1 1	. SEX			FUNDER 1 YEAR IF UNDER 24 HRS
5 2 2		M ALE	Cau CASIAN 9 15 1898 86 YRS	ONTHS DAYS HOURS MIN.
52 00 7		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	OF DEATH
1 1 1 F		SSIA XXXX		IMORE MD.
計 第二	0. CT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
1 1		BALTIMORE	SINAI MAXXXXXX BUILDER	CONSTRUCTION
	130. S	L RESIDENCE (IF NURSING HOME TATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
filled ould be		445		ARTOL AVE. 2120
	4 FA	THER'S NAME	15. MOTHER'S MAIDEN NAME	
ld Co		Benjam, D	MODIE POINER FORMS MIDDLE	UNKNOWN
0 0 1		AS DECEASED EVER IN U.S.		07179201019
Poges Poges	NS	ES, NO OR UNKNOWN) (IF YES, O	IVE WAR OR DATES) 216327991 MKS, RUTH PUSNER 2700 BARTOL AVE.	#21209
physicion popers. novol.			only one cause per line for (a), (b), and (c).) (ED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the ottending (emove corbor emotion, or rerestroumotic ever		Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	12.10.84
signed by hen please to buriol, cr njury, or oth	NO	underlying couse lost.  PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	12.10.84 NIN PART 110
te hos been sit permit. Tigiene prior shows ony it	CERTIFICATION	190 DATE OF OPERATION	YES NO YES	
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH DAY YEAR	RT I OR PART 2)
s the burie ond Men	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	ER) P.M. 19  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET CITY OR TOWN	COUNTY STATE
OR: Af		saw the deceased alive	poital) ottended the deceosed from 12.10, 19.84, to 12.15, 1	9 <u>89</u> , that (1) (we) last
RECTOR hospitol RECTOR hed for upt. of Hi em 21 is		above, (1) (we) (did) (did	view the body after death.	
		226. SIGNATURE	Raal MD DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X	12. 15. 84
TO FUNERAL should be deto with the State		220 PHYSICIAN'S NAME (TYPE		more
E C 4 3 4 2	3a. B	URIAL, CREMATION, REMOVA	L 236, DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION	COLUMN
BP	Į:	BURIAL	12 16 04   DEWL DE MONORELE DE LA CONTROL DE	BALTO MD
NH - 16 50M 4/82			LEVINSON & BROS. INC. 250 PATE RECIP. BY REGISTRAR 256 REGISTRA	29 Estroughundelle



"	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND ME CERTIFICATE OF DE	ATH	REG. NO.	1 2 1	U
	CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	2a. DATE (	DEDEATH MONTH	DAY YEAR	2b HOUR
9.00	CHRTI		POWELL		EMBER 30		11:5
3. SEX		4. ŘACE	5. DATE OF BIRTH MONTH DAY	NE 10	YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
22 /	nale	NEGRO	5 15	28 56	YRS		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MA	RRIED 9 BALTIM	ORE CITY OR COUN	ITY OF DEATH	
R )	min.	U.S.A.	WIDOWED DIVO	RCED	BALTO.		N
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITE STREET ADDRESS)	UTION 120 USUA	LOCCUPATION PRK FOR MOST OF WORKING		F BUSINESS O
135	SALTO.	Church	HOSP. Corp.		Abor	>	
	AL RESIDENCE (# NURSING HOME OR TATE 13b COUN	NTY 13t. CITY OF	TOWN 13d. INSIDE CITY	LIMITS? 13e.STREET	ADDRESS. / ZIP CO	DDE , 2	#112
200	m.D	BA		100 21	70 Spain	19 CT.	
	THER'S NAME	MIDDLE LAS	15 MOTHER'S M		WIDDLE	J LAST	,
3:00	SAM	tou	iell Do	rothy		1/0 u	n9
9 16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL	SECURITY NO. 17 INFORMANT	-/-0	ADDRESS	1. 1	1.
Ē	NO -	- 212.	22-2625 Dor	othy Po	swell 20	IN. DR	OAd WA
, th.	18 CAUSE OF DEATH (Enter on	nly one couse per line for (o), (	b), ond ic CARDIOPUI	LMONARY A	RREST	BETWEEN	MATE INTERVAL ONSET AND DEAT
e e e e e e e e e e e e e e e e e e e	PARTI. DEATH WAS CAUSE	U DI	ropulmona	- are	at		
ofic		DUE TO, OR AS A CON	SEQUENCE OF WORSEN	ING CONGE	STIVE		
0000	Conditions, if ony, which	(b)		LURE -	OTTVE		
0 +	gove rise to immediate couse (0), stating the	DUE TO, OR AS A CON					
0 0			SEGOCIACE OF				
of, cren	underlying couse lost.	(6)	CONGESTIVE	CARDIOMYO	PATHY		
y, or	underlying couse lost.	(c)	CONGESTIVE (			GIVEN IN PART 110	וי
y, or	underlying couse lost.  PART 2 OTHER SIGNIFICANT (  LIVER DISI	(c)CONDITIONS CONTRIBUTIONS	CONGESTIVE ( G TO DEATH BUT NOT RELATED TO SEMA, ATHEROSO	OTHE TERMINAL DISEA	ASE OR CONDITION O	SCULAR	DISEA
y, or	underlying couse lost.  PART 2 OTHER SIGNIFICANT (	(c)CONDITIONS CONTRIBUTIONS	CONGESTIVE (	OTHE TERMINAL DISEA	CARDIOSA TOPSY? 1206. IF		DISEA IGS USED
aws any injury, or	PART 2 OTHER SIGNIFICANT (  LTVF.R DTSI 190 DATE OF OPERATION	CONDITIONS CONTRIBUTION  EASE EMPHY  196 CONDITION FOR W	CONGESTIVE ( STO DEATH BUT NOT RELATED TO SEMA, ATHEROSO WHICH OPERATION WAS PERFORM	CLEROTIC AED 200 AU YES	CARDIOSA TOPSY? 20b. IF	SCULAR YES, WERE FINDIN RTIFYING CAUSES YES []	DISEA:
Hygiene prior to buriol 18 shows ony injury, or 20 CERTIFICATION	Underlying couse lost.  PART 2 OTHER SIGNIFICANT (  LTVFR DIST 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION  EASE EMPHY  196 CONDITION FOR W	CONGESTIVE ( G TO DEATH BUT NOT RELATED TO SEMA, ATHEROS (HICH OPERATION WAS PERFORM)  [216, HOW INJU	CLEROTIC AED 700 AU	CARDIOSA TOPSY? 20b. IF	SCULAR YES, WERE FINDIN RTIFYING CAUSES YES []	DISEA OF DEATH?
Hygiene prior to burief 18 shaws any injury, or  CERTIFICATION	UNDERLYING COUSE TOST.  PART 2 OTHER SIGNIFICANT (  LIVER DIST  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE- LIE EITHER, NOTHY MEDICAL EXAMINES	CONDITIONS CONTRIBUTION  EASE EMPHY:  19th CONDITION FOR W  19th TIME OF INJURY HOUR A.M. MONTH	CONGESTIVE ( G TO DEATH BUT NOT RELATED TO SEMA, ATHEROSO (HICH OPERATION WAS PERFORM  1 DAY YEAR 19	CLEROTIC  AED 200 AU  YES   IRY OCCURRED (ENTER	CARDIOSA TOPSY? 20b. IF	SCULAR YES, WERE FINDIN RTIFYING CAUSES YES []	DISEA OF DEATH?
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) car 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR 61 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. USA Balto. WIDOWED DIVORCED | City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Balto. Francis Scott Key USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21224 130 STATE 1136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? P Md. Balto. 5200 Eastern Ave. 3rd. Fl. YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST UNK UNK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3rd, F1 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-78-4596 Loretta Sebald 5200 Eastern Ave. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: cardio respiratory IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF aspiration DNEUMONIC Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. profound Develon mental PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION porencephal 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES 🗌 NOF YES [ NO F nto! Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE STATE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram\_ saw the deceased give an abave (1) we ((did did not) view the bady after death. and that in (my) (bur) apinion death accurred an the date and hour and fram the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED should be deto with the State [ ATTENDING MEDICAL MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 224 ADDRESS NS HOPKINS 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE COUNTY BP /3/85 Cem Balto 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25%, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 (VRA 15 (4)) na Varidson Randell W. C. March F/H 1101 E. North Ave



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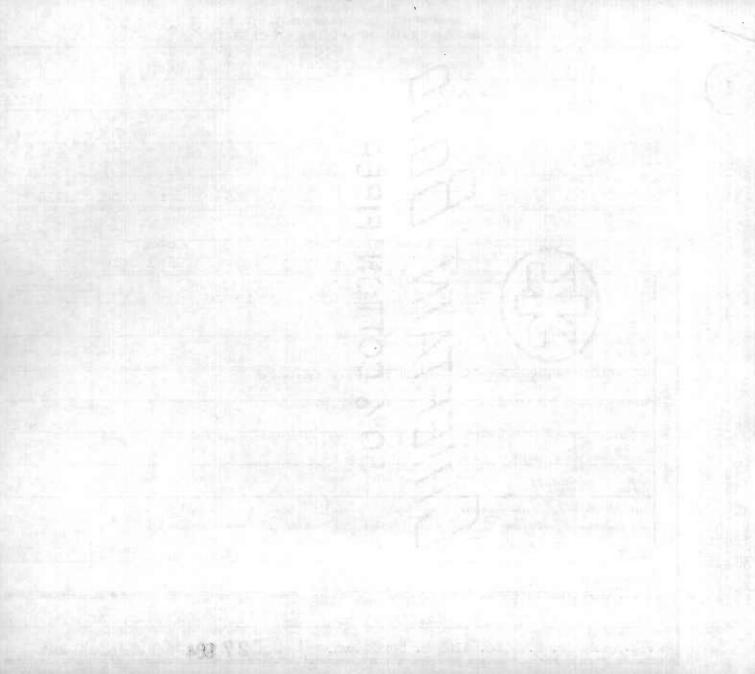
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	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL BYG CERTIFICATE OF DEATH		2 3
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Page L		WAS DECEASED EVER IN U.S. ARMI YES NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECU	James P Pour	ell;210 Graiden S	Upper Marlbo t. Md.
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STATE OF MARYLAND

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Funeral Home Inc. Baltimore, Maryland 21216

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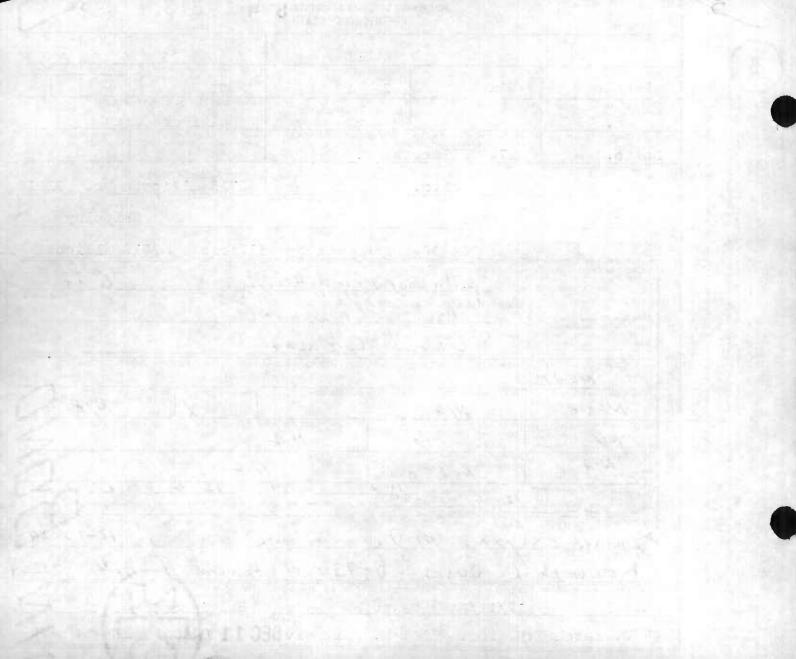
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commy come	The Manterdander Charleston	
	V Killeminder	Janky
Q 145 AZ-ZZ )	48 0 bt-b	
13.15	- Janes -	35%
mothers 21217	MARIN CHISMOZUBE &	GATREC.
Baltimore, Maryl nd		tets. Dou a septuk I saph (oseava

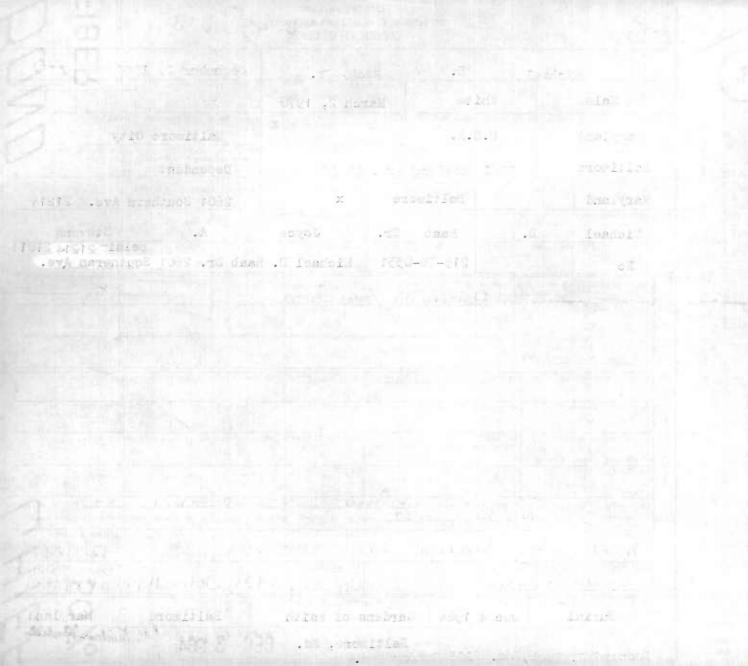
DEPARTMENT OF HEALTH AND MENTAL HEY GIENE

CERTIFICATE OF DEATH

FOR - STATE

REGISTRAR





## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDENE

	12	REGISTRAR			CERTIF	ICATE OF	DEATH	REG. N	10.	,	4
7		CEASED NAME FIRST	A	AIDDLE	1	AST .		2a. DATE OF DEATH		DAY YEAR	2b. HOUR
音曲	YPE	Josepl	1	H. R	ailey			December	27,	1984	M
調	//Silv		4 RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BI	RTHDAY}	IF UNDER I YEAR	IF UNDER 24 HRS
-	-52	Male	Blac	ck	MONII 11	8 DAY	10	74	YRS.	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY	? 8	NEVER	MARRIED -	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
35		MD	US	SA SA	WIDOWE		IVORCED [	Baltimo	re C	ity	MD.
	10 CT	TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURS	ING HOME C	OR OTHER INS	TITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
20		Baltimore				St.					-TE IS
35	USU A 13a. S	TATE 136 COUN		Balti	WN	13d. INSIDE YES 🏋	CITY LIMITS?	13e STREET ADDRESS 629 N. I			21229
	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER	'S MAIDEN NAM	AE MIDDLE		LAS	ST
20		Daniel		Railey		H	attie			andy	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17. INFORM		ADDR			
		Yes (IF YES, GIV	E WAR ON DATES,	212-09	-6180	Mari	e Raile	ey 629 N.	Den		
		18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b), a	and to the	0	1			BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	D BY: 'E CAUSE (0)	Mysca	rdial	intarc	tion.		4190		
6			DUE TO, OI	R AS A CONSEQ	UENCE OF						
		Conditions, if ony, which	(b)								
		gave rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQ	UENCE OF						
0	O.E.	underlying couse lost.	(()								
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	NAL DISEASE OR COM	1DITION GI	VEN IN PART 10	o
	CERTIFICATION		100 00000		00504710	ALIMAN DEDE	00.450	20a AUTOPSY?	201 15 VE	S. WERE FINDIN	NGC USED
9	FICA	19a. DATE OF OPERATION	196. CONDI	ITION FOR WHIC	H OPERATIO	N WAS PERF	OKWED		IN CERTI	IFYING CAUSES	OF DEATH?
1	RTI	210. ACCIDENT WAS UNDERLYING	7 21b. TIME O	E INTHIBY		1214 HOW I	NILIDY OCCUPB	YES NO		ES	NO 🗌
9		OR CONTRIBUTING CAUSE OF DE	110110 4	M. MONTH	DAY YEAR	Zitilowi	14JORT OCCORR	CD (ENTER NATURE OF IN)	JKT IN HEM 18	PART T OR PART 2)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.J		19	21f LOCAT	ION		-		
	MEC	WHILE NOT WHILE		REET, FACTORY, OFFICE	E, FARM, ETC.)	STRE		CITY OR T	NWC	COUNTY	STATE
		AT WORK	. 15 . 11 . 1 . 1	1 16	. 6	182	82	/	2	1084.	4 - 4 - 1 - 1 -
		22a.1 certify that (I) (this haspi	10	9 19	QU	nd that in (m)	() (our) opinion o	leath occurred on the	date and ha		that (I) (we) last
	14	obove, (1) (we) (did) (did no	t) view the body	ofter death.		DEGREE	, ( , - ,			22c. DATE	
		Bury H.	Yal.	M.D.		DEOREE	ATTENDING	MEDICAL STA	AFF CO	121	120/84
		72d PHYSICIAN'S NAME (TYPE O	OR PRINT).	, , , ,		22e ADDRE		DIRECTOR PHYSI	CIAN	10	20/0/
1		Brian H.	Kahn	MD.		Lect			pital		445
		URIAL, CREMATION, REMOVAL	23b. DATE	230	. NAME OF C	EMETERY OF	CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
		Burial	12/31	/84	Garde	n of	Eterna.	l Hope W	lestm	iniste	r MD
	24 FL	JNERAL DIRECTOR	_ /	ADDRESS			DE		R 256 REGIS	Davidson-	Jandell.
		Wm. C. March	r/H	1101 E	. Nor	th Av	e. DE	.031 864	June	Later ( description )	1

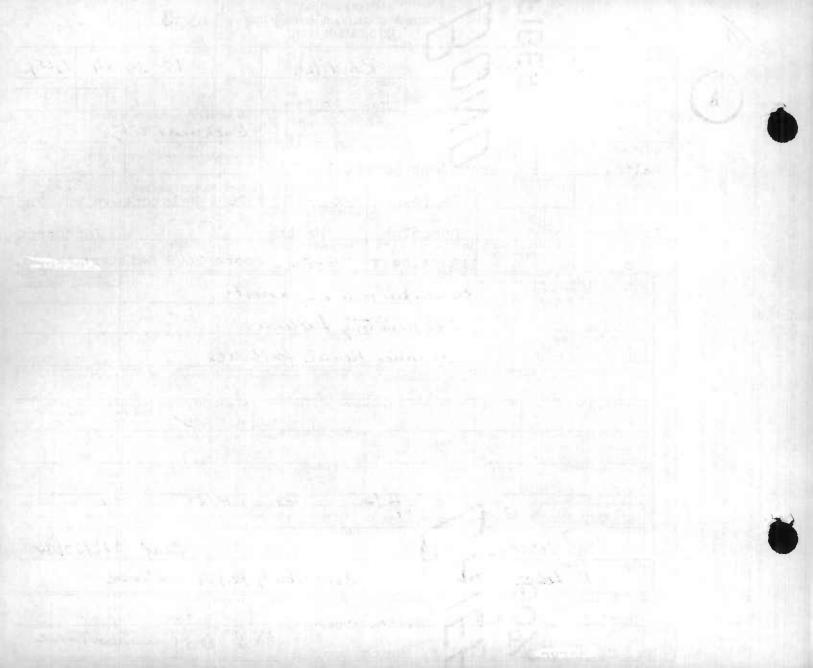
DHMH - 16 50M 4/83 (VRA 15, 4)

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- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGJENE

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FOR

STATE OF MA	RYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	3		3	1

1 .	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO			
	CEASED NAME	FIRST	,	MIDDLE	· ·	AST	1	20. DATE OF DEATH		Y YEAR	26 HOUR
		imus)		imous \		coe			er 03,		•
3. SEX	Male		Black		5. DATE OF BIRTH  MONTH DAY  6 11 09			6. AGE (IN YEARS LAST BIRT		NIHS DAYS	HOURS A
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF WHAT COUNTRY?			MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY <u>O</u> Balti	more C		
3	TY OR TOWN OF DEA	ATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland General H		G HOME C	OR OTHER INSTITUTION		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126. KIND O INDUSTRY	OF BUSINESS
	USUAL RESIDENCE (IF NURSING HOME OF OTHE			OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 136. CITY OR TOWN 136, INSIDE CITY LIM  Balto. YESX NO			5?	13e STREET ADDRESS / ZIP CODE 1205 Harlem Ave. 21217			
14. FA	ATHER'S NAME FIRST		UNK	LAST		15 MOTHER'S MAIDEN	MANIA	UNK		LA	ST
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	219-16		17 INFORMANT 8 Eliza	Ro	scoe 1205			
	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), and	d (c).)	HT AT THE		I A E HILLS		BETWEEN	ONSET AND DE
			DUE TO O	R AS A CONSEQUE	NCE OF						
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which ( (b) Cerebral Event, Cerebral Vascular Accident											
gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									100140.		
	underlying couse		DUE TO, O	R AS A CONSEQUE Sepsis							
	DART 2 OTHER SIGN	HEIC ANIT (	ONDITIONS CO			NOT RELATED TO THE 1	TEDAAII	NALDISEASE OR CONF	DITION CIVEN	I IN PART I	101
Z				3141KIBQ1114 <u>3 10 L</u>	ZEAIII BOI	NOT RELATED TO THE	ILKMII	NAL DISEASE OR CONE	ZITION GIVE	NIINTAKI II	
CERTIFICATION	Renal Fail		196 CONDITION FOR WHICH OPER		OPERATIO	ATION WAS PERFORMED		20a AUTOPSY? YES NO XX		NG CAUSES	NGS USED S OF DEATH?
ER	21a ACCIDENT WAS UNI	DERLYING T	21b. TIME OF INJURY			YES NO XX					
ICAL O	OR CONTRIBUTING		THI .	OUR A.M. MONTH DAY YEAR P.M. 19							
DIC.	21d INJURY OCCUR		21e. PLACE		211 LOCATION	-					
MEDI	WHILE NOT WE	INE	( AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STAT
	220.1 certify that (2)	(this hospi	Decemb	er 3 19 8		per 30, 19 nd that in XX (our) opin					that ( <b>X</b> (we)
	22b. SIGNATURE	y le	Mer	alls	W	DEGREE ATTENDIN PHYSICIA		MEDICAL STAF	F IAN X	22c. DATE	3/8
	Gary Mei					c/o Maryla	and	General Ho	spital		1
	BURIAL, CREMATION,			-7-84 23c N		EMETERY OR CREMATO National	ORY	23d LOCATION CITY OF TOWN Laur	e1.	MD".	TATE
	m. C. Ma	reh		101 E. I	Vorti		DE	REC'D. BY REGISTRAR C 4 1984	256 REGISTA	ARI ALIGNA	Hundale

DHMH - 16 50M 4/83 (VRA 15, 4)

page 3

completely filled in the the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical

retained by the hospital or ottending physician.

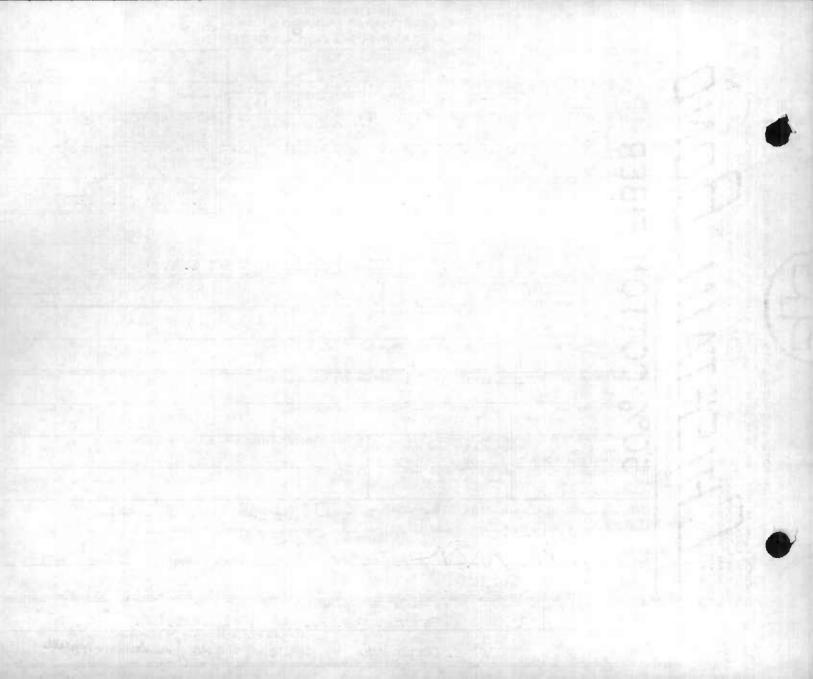
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	1 3 4
	CEASED NAME FIRST	M	RASTENIS	20 DATE OF DEATH MONT	12 84 8:10P <sub>M</sub>
3 SE	x FEMALE	4. RACE WHITE	5. DATE OF BIRTH		MONTHS DAYS HOURS MIN.
6	IRTHPLACE (STATE OR FOREIGN NERY Colub	U.S.A.	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	BALTIMORE CITY OR CO	TY MD.
	BALTIMORE	S'AINTCHAGNES ST		126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK HOUSEMAKER	KING LIFE) 126 KIND OF BUSINESS OR INDUSTRY  at home
13a :	ALLIMIND DO		OWN 138 INSIDE CITY LIMITS?	0 10 110 2323021	CODE STREET 21201
	ATHER'S NAME FIRST	MIDDLE Baltru	konis antonella	MIDDLE ANDRESS	Luthus
	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIALS IVE WAR OR DATES) 16-03-	-8166 Delan Joh	nerder 445	-7 N. 227 St
	PART I. DEATH WAS CAUS	inly one couse per line for (a), (b) ED BY: ATE CAUSE (a) Cardi	ac-Respiratory	arress	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF TALLYAN	hyttmia	
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF MUTTALI	shifticery	
NOI	PART 2. OTHER SIGNIFICANT	(2)	TO DEATH BUT NOT RELATED TO THE TERM		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
	710. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR 12 1984	RED (ENTER NATURE OF INJURY IN IT	(EM 18 PART I OR PART ?)
MEDICAL	21d IN JURY OCCURRED  WHITE NOT WHITE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	PILLOCATION STREET	CITY OR TOWN	COUNTY STATE
		n 12/12/11 not) view the body after death	0:11	death occurred on the date or	19 that (I) (we) last and hour and from the couses stated
	276. SIGNATURE M. EL	nor	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	M, ELNO	ORPRINT) UR MD	St. G gres	Assital	
Ha	BURIAL, CREMATION, REMOVA	1236. DATE 12-17-1984	MAME OF CEMETERY OR CREMATORY	23d LOCATION ON ORTOWN	es COUNTY DEAD STATE
00	UNERAL DIRECTOR	1 Salts	127 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	E REC'D. BY REGISTRAR 25	REGISTBAR'S SIGNATURE

AT ST SE V. S. W. S. Lett of the state of the state of [24] X : 发标。 24年 (24年 ) 24年 (14年 ) 14年 (14年 ) 14年 (14年 )



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BALTIMORE, MARYLAND 213	
S, 201 W. PRESTON ST.	
3	
201	
VIVISION OF VITAL RECORDS,	
510	
DIVI	1
_	_
4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after-de-8th.

retained by the hospital or ottending physician

BP. DHMH - 16 50M 4/8

(VRA 15, 4)

3	, FOR	DEPART		OF MARYLAND ALTH AND MEN	ÀL HYGJ	ENE 3 3	1 3	6	
	- STATE REGISTRAR			ATE OF DEATH		REG. NO			
1000	1. DECEASED NAME FIRST	WIDDLE	LAS	1			MONTH OAY	YEAR	2b HOUR
D 0	(TYPE OR PRINT) Virginia	a	Ray			1:	2 19	84	M
	3. SEX	4. RACE	5. DATE OF			6. AGE (IN YEARS LAST BIRTI		NDER I YEAR	IF UNDER 24 HRS.
( )	Female	Black	2	28 91	AR	93	YRS.		HOURS MIN.
135	AF BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD	76. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIE		Baltimore city of Baltimore			MD,
of with	Baltimore	11. NAME OF HOSPITAL, NURSING STREET SOZE West Hills	NG HOME OR			120. USUAL OCCUPATION OF TYPE OF WORK FOR MOST OF		12b. KIND OI INDUSTRY	F BUSINESS OR
d in be fi	USUAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	3d INSIDE CITY LIM	AITS?	13e STREET ADDRESS /	ZIP CODE		
filled nould be	MD	Baltin	nore	YES X NO		5026 West	Hill	s Rd	. 21229
pletely nd 2 st	Thomas	W. Thurst		5. MOTHER'S MAID FIRST	EN NAM			LAST	
ou Solo	1 HOMAS 160 WAS DECEASED EVER IN U.S. A			1 INFORMANT		ADDRE:	SS		-
Pages medico		IVE WAR OR DATES)							320 F. (1911)
rs. P				Snirie	y Fo	ord 502661	West H		
hysic pope pvof. int, tl	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per line far (a), (b), as	CALANT	BRAIN	TI	MAGR			MATE INTERVAL ONSET AND DEATH
ng b rem		ATE CAUSE (a) MALI	GNANT	BKMIN	1 10	MOK		2	1- MOS
cord cord cord in of	LA STATE OF TAXABLE	DUE TO, OR AS A CONSEQU	JENCE OF						
offe nove prior	Conditions, if ony, which gave rise to immediate	(b)							
r the	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF				7-55		
d by	Underlying cause last.	(c)							
en ple en pl		CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO TH	HE TERMI	NAL DISEASE OR CONE	DITION GIVEN	IN PART 140	D 1
or to	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	2 10 1		1					
S on	M DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION	WAS PERFORMED		20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN	G CAUSES	OF DEATH?
sit pi						YES NO	YES [	]	NO 🗆
tron THy 18 S	OR CONTRACTOR CONTRACTOR	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY C	OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I	OR PART 2)	
riol- ento	S (IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19				-671	-	
this d M	(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, DEFICE,		211 LOCATION STREET		CITY OR TOV	/N	COUNTY	STATE
fter bs th h on orked	AT WORK NOT WHILE AT WORK				- 4	A-		01	
R: Al	22a.1 certify that (1) (this has	oital) ottended the deceased fram	0	9	8न	_, to	. 19_	67-	that (1) (we) last
for seff	saw the deceased alive a	nPEC_5_19_	35, and	that in (my) (aur) o	apinion d	eath accurred an the da	te and have an	d fram the	causes stated
DiREC Dept F Hem	22b. SIGNATURE	- IMILLY		GREE				22t. DATE	SIGNED
# to # ::	YOU!	MINITED AND THE	K 1	ATTENE PHYSIC	DING M	MEDICAL STAF	F IAN []	12	-19-84
AN Sta	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	_				
should be divided by with the Sta	11011	VARD WHISE	: MA	2.435	5 W	1. BeNeder	re Ba	HIMO	me ZIAL
Or de M	23a BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEA	METERY OR CREMA	TORY	123d. LOCATION			
	(SPECIFY)	3				CITY OR TOWN		DUNTY	STATE
	Burial 24 FUNERAL DIRECTOR	1-2/23/04 1	THG01		Pk.	Suitla REC'D. BY REGISTRAR		'S SIGNAT	URE
16 50M 4/83 N 15, 4)	Wm C March F.H	1101 E. No.	rth Ave		DF	C 2 0 1094	Line Da		Rando 10

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BP. DHMH - 16 50M 4/83

(VRA 15, 4)

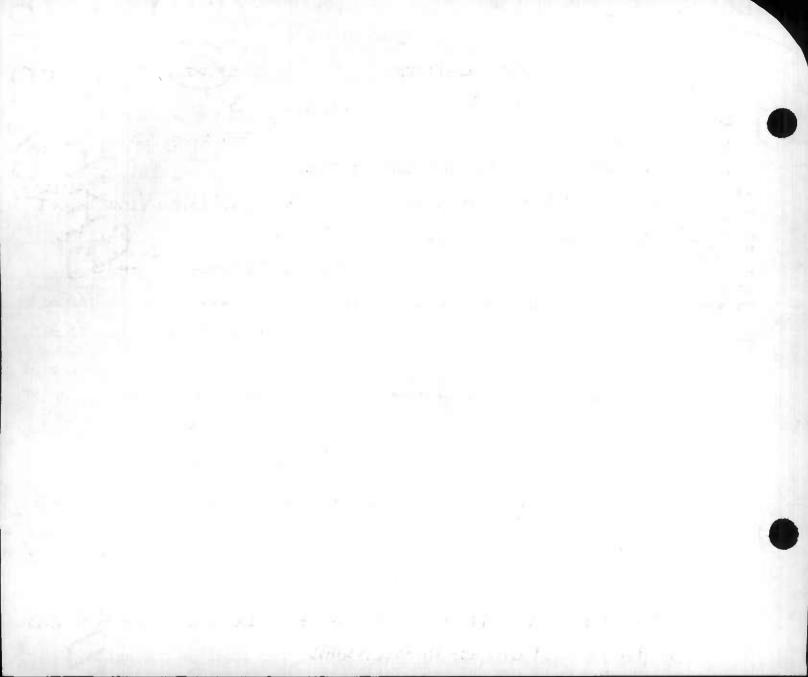
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HEGIENE

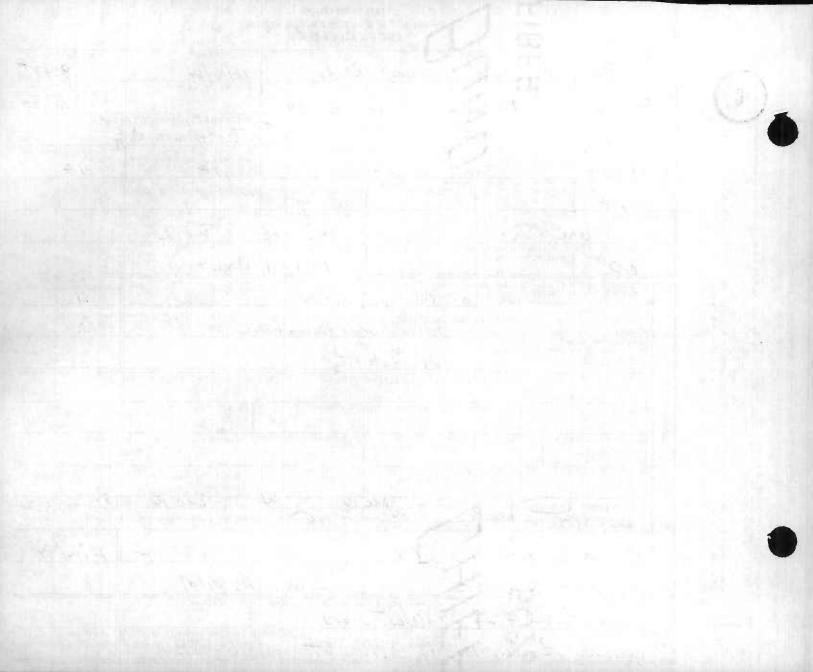
1	1-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HA	GIENE 3 3				
1	1. DEC	EASED NAME FIRST	MIDDLE	L	AST		MONTH DAY	YEAR	26 HOUR	
		GEORGE	J. REC	KENB	ERGER	December	6, 19	84	7:10Am	
1	1.5EX	4. R	RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IE UNDER 24 HRS HOURS MIN.	
		M	WHITE	AUC	5.21,1900	84	YRS		HOURS MIN.	
3		OUNTRY) MD.	CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY O	R COUNTY O	TV	MD.	
4	10: CIT	Y OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	12e USUAL OCCUPATI	ON		F BUSINESS OR	
9	7	BALTO.		SD.		RETIRED	F WORKING LIFE)	EXX	00	
5	USUA 13a. S	RESIDENCE (IF NURSING HOME OR OTH TATE 13b. COUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE 13. CITY OR TOWN BALTO	AD AISSION)	134 INSIDE CITY LIMITS?	3/12 FE	ZIP CODE STER	AUE.	21224	
	14. FA	THER'S NAME MIDE	DIE R. W. LAST	1-1-0	15. MOTHER'S MAIDEN N.	AME	11	1 . 1961		
2		JOHN	MECHENDERG	ER	CATHELLI	OE ADDRE	" U	1mh	NG	,
	16a W	(AS DECEASED EVER IN U.S. ARMEI ES (POSUNKNOWN) (IFYES, GIVE W.	D FORCES? 166 SOCIAL SECUI AR OR DATES) 2/4-0/-	4644	RUTH M. 1	ECKEN BERG	SEA	SAI	2,224 ME	
		PART I. DEATH WAS CAUSED B		IAL	INFARCTION			BETWEEN	MATE INTERVAL DNSET AND DEATH	
		IMMEDIATE C	-							,
1		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF						
1		gave rise to immediate cause (a), stoting the	(b)							
ı		underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF				1934		
		PART 2. OTHER SIGNIFICANT COM		EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	31	
	TION						Tan maries			
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES TO NOIX	IN CERTIFYII	WERE FINDIN NG CAUSES	OF DEATH?	
	ERT	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU				
1		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA							
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION					
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE FA		STREET	CITY OR TO		COUNTY	STATE	
		22a.1 certify that (I) (this hospital)							that (1) (we) lost	
	- 11	sow the deceased alive on Dobove, (1) (we) (did) (did not) v	ecember 6,19	84_, ar	nd that in (my) (our) opinion	n death occurred on the d	ote and hour a	ind from the o	causes stated	
		226. SIGNATURE	Aves		ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED	
T		224 PHYSICIAN'S NAME (TYPE OF P	INT			URCH HOSPI			14.00	
		Richard 9.	Jones, M.D.	331	100 N. BR	OADWAY, BA	LTO.,	MD 21	231	_
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	70	COUNTY	STAN	
	L	ORIAL	12-8-84 Me	PELAN	UD SIGH.	ATE DECID BY DECIDE	BAL	10- (	6. MD	-
-	24 FU	INTERAL DIRECTOR	EDA 3218 HU	D562	-	ATE REC'D. BY REGISTRAR				
	11	OFFTHANN JIM	-MI DAIS AU	0000	21	EC 7 1984	rimar Da	widson-l	La losera	

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DEPARTMENT OF HEALTH AND MEMORAL HYGIENE

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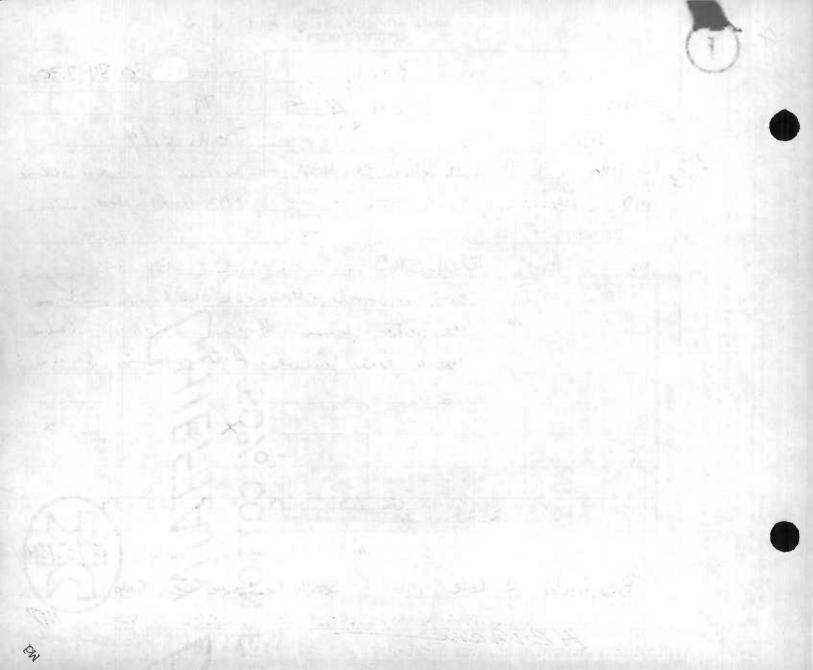
Minter 1		FOR		TATE OF MARYLAND OF HEALTH AND MEPTAL HY	CIENE 7 7	1 3 9
	1 -	STATE REGISTRAR		RTIFICATE OF DEATH		
	I. DE	CEASED NAME FIRST	WIDDIE	LAST	REG. NO.	ONTH DAY YEAR 26. HOUR
5	(TYPE	ORPRINTI Baby Girl	(Mother Michelle	Reid.	12/14/84	8:47
	3. SE:	4 0 0 1		ATE OF BIRTH	6. AGE LIN YEARS LAST BIRTHE	DAY) IF UNDER LYEAR IF UNDER 24 H
		Female	Black	MONTH DAY YEAR 12 16 84		YRS DAYS HOURS M
200	10-61	RTHPLACE (STATE OR FOREIGN 7)	. CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED	7. BALTIMORE CITY OR	COUNTY OF DEATH
555		ma		OWED DIVORCED	Baltimo	E City
pe/ /-	10 C	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES</li> </ol>		128 USUAL OCCUPATION	
etax		altimore 1	Singi Hoson	tal	NA	NA
99	USU.	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS  Y 13c. CITY OR TOWN	SION)  13d INSIDE CITY LIMITS?	113e STREET ADDRESS / 2	IP CODE O DOOO
		NA		YES NO		
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/ × /		unknow		Michelle	12810	٤
dicol		VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166. SOCIAL SECURITY IN		ADDRESS	
9	,	ND	THE OR DATES!	Medica	Chart	
ent, the		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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ofic		1000	DUE TO, OR AS A CONSEQUENCE	OF .		
oumotic		Conditions, if ony, which		nary Immatu	irity	12
emo er tr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF,	0	
, crem other		underlying couse lost.	1 10 Prema	aturity		
lory.	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT LE ATED TO THE TER	MINAL DISEASE OR CONDI	ION GIVEN IN PART Tro
0 4	ATIO	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
259	FIC			THE THE PERIOD OF THE PERIOD O		IN CERTIFYING CAUSES OF DEATH?
196	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	YES NO NO NO NOTEM 18 PART 1 OR PART 2)
9		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY Y	EAR	TENTER MINE OF HIJORY	21
# /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
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五 五		220   certify that (I) this haspita	1 1/	17	death occurred on the date	and hour and from the causes states
5 6		saw the decease allolive on _above, (1) (we) (did (did not))  22b. SIGNATURE	view the body ofter death.	DEGREE	Totali occurred on the agree	Jh. DATE SIGNED
- N		M	J 102	ATTENDING	MEDICAL STAFF	11/11/01
2-		27d PHYSICIAN'S NAME LITTE OR	Cocatus MD	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIA	N 1 1/4/57
ORTAN			1	0	Marilal	
1 2			cesters	2 Inai	MOSPITAL	
		BURIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
_		Cremation	12-20-84 Wes	1 ruen		
A 4/83	24 FI	JNERAL DIRECTOR	ADDREAS OF	250. DA		b. REGISTRAR'S SIGNATURE
4)	1/	work. Bu	ley 134841. Ca	Chan IT.	JAN 3 1985	a de la companya de l



- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSKIAN: The Leterand by the hospital or attending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours offer deoth. Page retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: Af- should be detached for use a with the State Dept. of Health	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral directs should be detached far use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
MPORTANT: If Item 21 is mo	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical examiner must be partied of onlye.

FOR

	STATE OF MARYLAND
D. KTME	NT OF HEALTH AND MENTAL HYGIENE
	CERTIFICATE OF DEATH

3 3 1 4

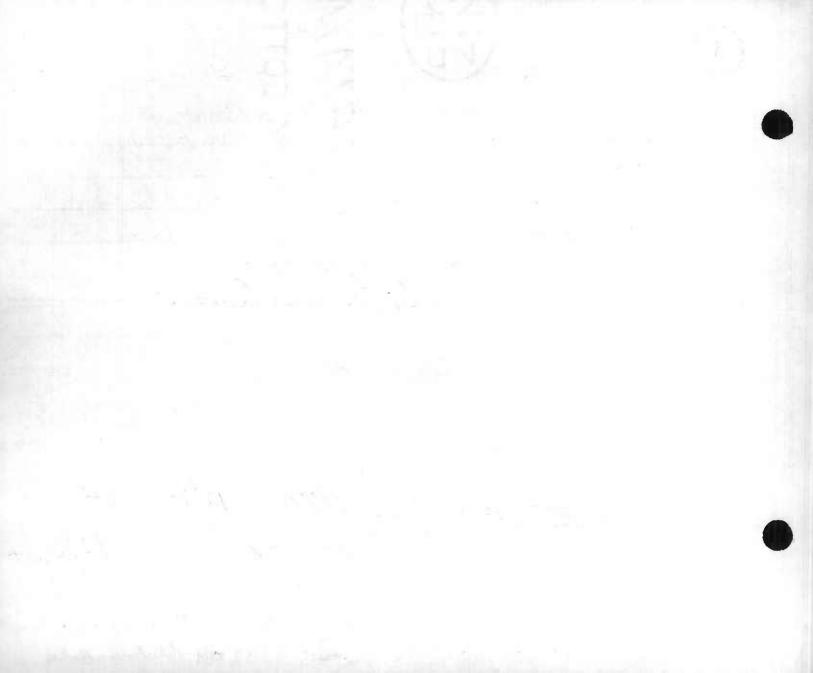
		REGISTRAR			CERTIF	ICATE OF DEATH		REG. I	10		
		EASED NAME FIRST	0	MIDOLE	1	AST		20 DATE OF DEATH		OAY YEAR	2b HOUR
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	3. SEX		4. RACE	3.3.	5 DATE C			6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	
	1	Male	V	White	MONTH		6	88	YRS	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED		BALTIMORE CITY	OR COUNTY	OF DEATH	
		Maryland	U.S.A		WIDOWE	D DIVORCED		Baltimo	re Ci	tv	MD.
Z	1	BALH more	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	AN YLAND	N )	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Truck Dr	OF WORKING LI	12b KIND C	red
5	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COUN	e Arundel	13c CITY OR TOW	ADVISSION) VALE	13d INSIDE CITY LIMI		13e.STREET ADDRESS	/ ZIP CODE	Anne	ped
	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	ENNAM	MIDDLE -		, LA	
I	1	Robert 6	Zelnh.	vdt		E	-11	en	Tud		J1
7		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDI	RESS		
<		Yes (IF YES GIV	1	21207	4126	Minnie V.	. Re	inhardt s	ame as	s 13	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for (a), (b), on	idic, e				,	APPROX BETWEEN	ONSET AND DEATH
9			E CAUSE (o)	Car	110/	ev/mone	14	91111			
			DUE TO, OF	R AS A CONSEQU	ENCE OF		_				
		Conditions, if any, which	(b)								
		gove rise to immediate couse (a), stating the	DUE TO, OF	R AS A CONSEQU	ENCE OF					1000	
		underlying cause last.	(c)								
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMI	NAL DISEASE OR CO	UDITION GIV	EN IN PART 1	o
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2		OR CONTRIBUTING CAUSE OF DEA		M. MONTH D.	AY YEAR	TIC NOW INJORY O	CCORRE	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PART 1 OR PART 2}	
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	ME	WHILE IT NOT WHILE IT	(AT HOME STR	TET, FACTORY, OFFICE	ICE FARM ETC.) 211 LOCATION STREET			CITY OR T	CITY OR TOWN COUNTY STATE		
		AT WORK AI WORK		1 1/		2 3 10	* V	, to 12	1,4	0.11	
		22a I certify that (I) (this hospi saw the deceased alive an				nd that in (my) our or				,	that (I) (we) lost
		abave, (I) (we) (did) (did no	t) view the body	ofter death		DECREE				22¢ DATE	
			1			ATTENDI		MEDICAL STA		12	1.11/000
Н		22d. PHYSICIAN'S NAME (14PE C	R PRINT)		m	PHYSICI 22e ADDRESS	IAN L	DIRECTOR   PHYS	CIAN	1 4	117/84
		Molvin J		ETT. M	0	4.	100	1 /	an per	411	011.74
4	23n B	URIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMAT	(ORY	23d. LOCATION	1 No	1-Any	No Bery
	1.5	Burial			len Ha	100		CITY OR TOWN		COUNTY	_MD TATE
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		James S. Kirkl				25	PIDATE	RECY. BYSOUTHTRA		RAR'S SIGNAT	URE %

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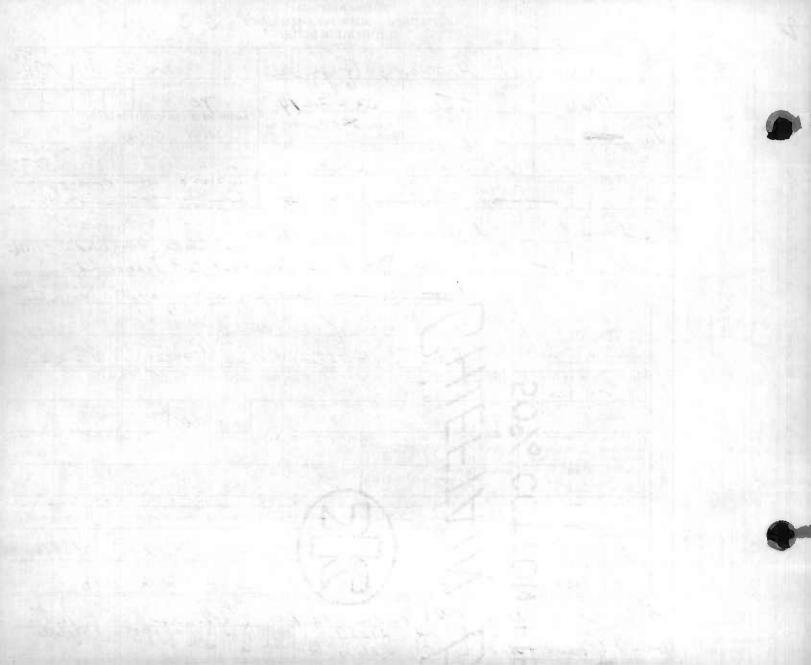
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FOR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 12 THONG SATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE warehouse USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

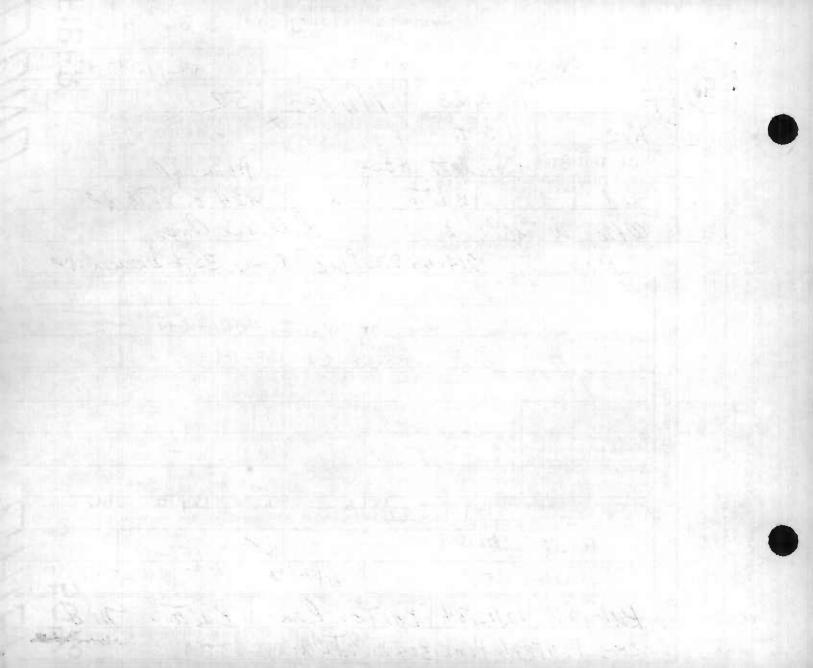
130. COUNTYR AT CA. 131. CITY OR TRANSION 21223 136 COUNTY RALT Coly 130. CITY OR TOWN 13d. INSIDERITY LIMITS? MD YES 19 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT [YES, NO OD UNKNOWN] (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Carcenoma Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse brain PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES [ NO [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE 220 I certify that (this hospital) attended the deceased from. 23 saw the deceased olive on 12/23 above, (I) (we) (did) (did not) view the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS ld b KOLU DRUBETZ 230 BURNAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OF CREMATORY 234 AOCATION 23b. DATE FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)



/ 1					OF MARYLAND		1 4 4	
18	1-	FOR STATE REGISTRAR	DEF	CERTIF	EALTH AND MENEAL HYP ICATE OF DEATH	REG. NO		
1.		CEASED NAME FIRST	WIDDLE	01	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
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(1)	3 SE	m	RACE W	MONTE	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS. DAYS	HOURS MIN.
100		MISSOURI	76 CITIZEN OF WHAT COUN	MARRIE		Balti	mine City	MD
s ofter by the filed with	10.5	Baltimore	JUNN A D		Medical Center	120 USUAL OCCUPATION OF WORK FOR MOST OF Route Sale	OF WORKING LIFE) INDUSTRY	Cleaners
filled in rould be to	USU	AL RESIDENCE HE NURSING HOME OR O		BEFORE ADMISSION) TOWN	13d. INSIDE CITY LIMITS? YES IX NO [	130 STREET ADDRESS	ZIP CODE	11212
completely I and 2 sh	14 F/	ATHER'S NAME / HANdman"	AIDDLE Rhox	ids	15. MOTHER'S MAIDEN NA	des Mac	A Helmie	451
n ond Poges	160	VAS DECEASED EVER IN U.S. ARA YES, NO DUNKNOWN) (IF YES, GIVE	WAR OR DATES) 166 SOCIAL	SECURITY NO.	Mrs. Anna Mrs.	ADDA 1. Stiars 80	Ol7 Ridgely (	21234 Oak Rd.
that the death certificate by the attending physicial lease remove carbon papers to its cremation, or removal.		18 CAUSE OF DEATH : Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON  (c)	SEQUENCE OF	u bladd	et Canc	et 1,	XIMATE INTERVAL ONSET AND DEATH
ne low requires on.	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	196. CONDITION FOR V			200 AUTOPSY?	20b. IF YES, WERE FINDING CAUSES  YES   THE STATE OF THE	INGS USED
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G PHY or this ond M ked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C		21f. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
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HOSPITAL OR A ned by the hos the boship by the hospital DIRECT of the Storte Dept.		224 PHYNCIAN'S NAME (TYPHOR	ereit)	mo.	ATTENDING PHYSICIAN [	MEDICAL STAI	FF IAN EX 1/a	18/14
O HOSPITAL etoined by the TO FUNERAL should be done with the Stote of MAPORTANT: It		KEUN FEA	REWTE N	D	64 5,64	ares st		C
BP	23a l	SURIAL, CREMATION, REMOVAL (SPECIFY)  Cremation	12-10-84	25/4/4	ew Cemetery	23d. LOCATION CITY OR TOWN Balto/	Balto.	Md.
DHMH - 16 50M 4/83	24 FI	JNERAL DIRECTOR					256. REGISTRAR'S SIGNAT	
(VRA 15, 4)		Ruck-Towson Fu		1050 Yorl	c Rd. DF	C 1 0 moa	Lulia Navida	70.

And the second s Grantion 15-10-34 Hast James 383-to/ 1881to. 16. Allo -- Porson and er la on calla vor sur la calla de la calla de

	1.	FOR STATE REGISTRAR	DEP #	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 3	. 4	5
e 17 A		CEASED NAME FIRST	M A -	Ric	S'G	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
Page 4 mon	3. SE	× F	NEGRO	5. DATE C		6 AGE (IN YEARS LAST BIR	YRS IF UND	DER I YEAR IF UNDER 24 HRS. S DAYS HOURS MIN.
Vecch. Po		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNT	WIDOWE		9. BALTIMORE CITY OF	OR COUNTY OF D	EATH CITY MD.
ors offer	_	BALTONORE	11. NAME OF HOSPITAL, NU TIP NOT IN SUCH FACILITY GIVES	STREET APPRESS)	P OTHER INSTITUTION	120 USUAL OCCUPAT		b. KIND OF BUSINESS OR IDUSTRY
filled in hauld be	13a. :	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN			13d. INSIDE CITY LIMITS? YES NO	434 E.	North O	21202
ampletel cooming		Office Wh	mooning to SIAST		15 MOTHER'S MAJOEN NA	ian Com	00	LAST
interior was tranu 2.120 partitions to the process of the process		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOYIN) (IF YES, GIV	ve war or dates) 2/4-4	SECURITY NO. 44-853	Edward Ox	rens 35/6	5 barne	
	111	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	D DV	DIAC	ARROST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON SI, of the death certil y the attending p se remove carbon cremation, arrent		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	MOCA	RDIAL DA	IF APCTIO	N	
201 ned the plea urrol, y, or q		underlying couse last.  PART 2. OTHER SIGNIFICANT (	(c)	CANCI		RITAST.	DITION GIVEN IN	PART tra
he law recon.  on.  r permit. Tlene ene prior t	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		RE FINDINGS USED CAUSES OF DEATH? NO
SICIAN: The graphicon physician physician internal Hygier physician internal Hygier physician in the physici	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR			
offending free this ce as the buri	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME STREET FACTORY, OFF	FICE, FARM ETC )	211 LOCATION STREET	CITY OR TO	)WN CC	OUNTY STATE
ATTENDI or spitol or use I for use af Heal		220-1 certify that (1) (this haspi saw the deceased alive on above, (1) (we) (did) (did no	17 1 110	0 /	d that in (my) (aur) opinion	death occurred on the d		from the causes stated
te De tre		27h SIGNATURE	Ubelly		DEGREE ATTENDING PHYSICIAN V	MEDICAL STA	FF	M. DATE SIGNED
O HOSPITA etained by TO FUNER should be do with the Sta		, , , ,	SGROI		220 ADDRESS U	7,36+	Street	-Belf0
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DHMH - 16 50M 4/83 (VRA 15, 4)	1	OCKS FUNZ	RAL HomE?	304 no	Certificat DE	TE REC'D. BY REGISTRAR	256 REGISTRAR'S	don finder

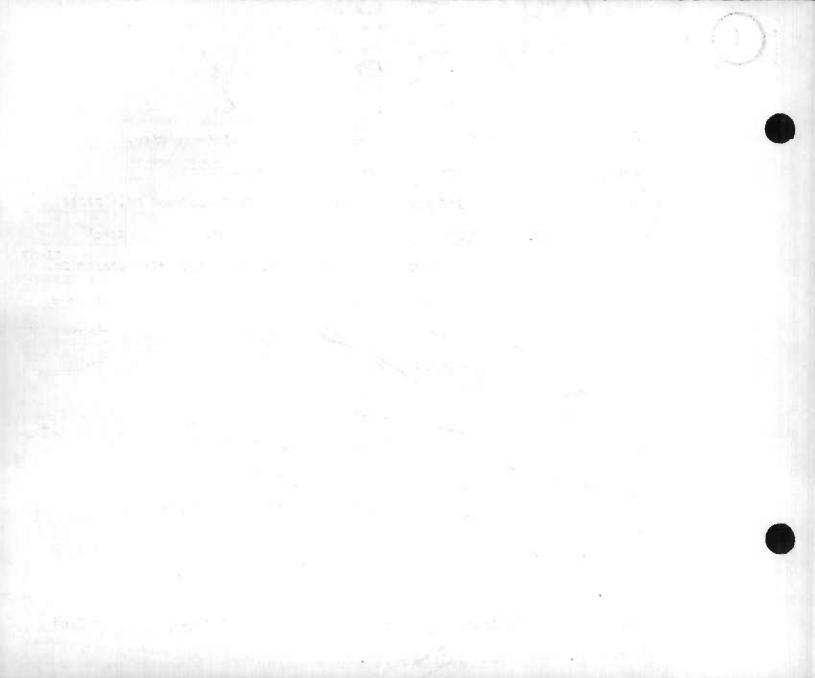


Leonard J. Ruck, Inc. Baltimore, Md

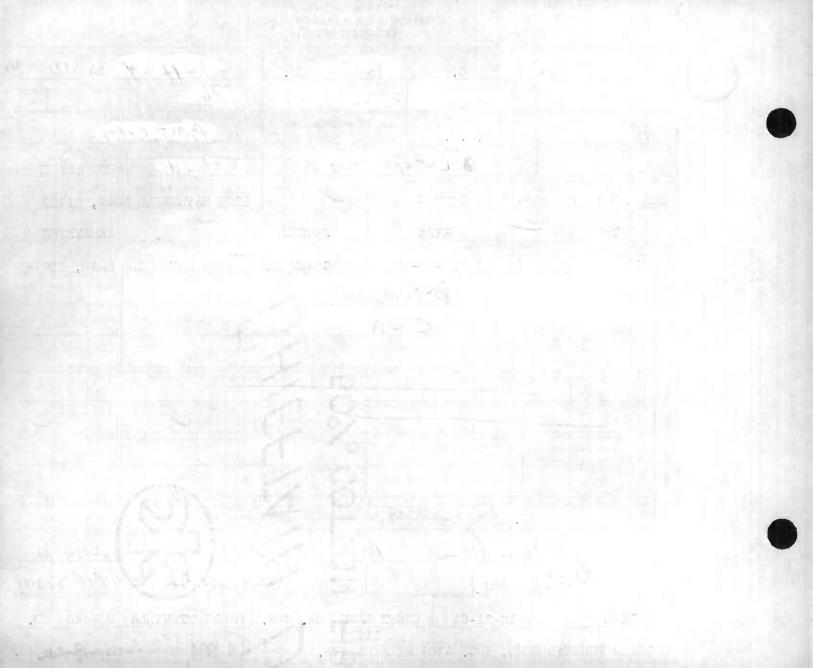
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

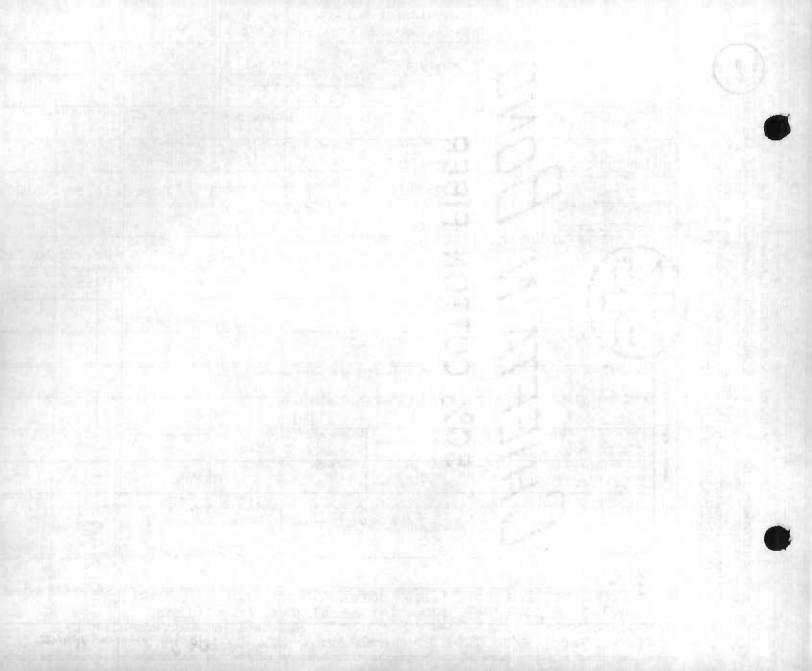
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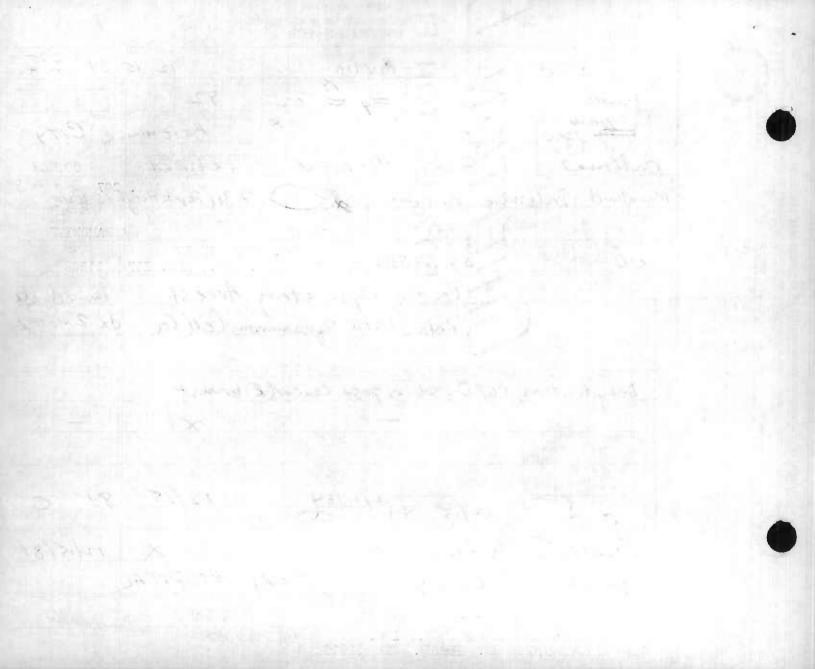
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME 2b HOUR (TYPE OR PRINT) DEATH MATED 1984 BRANDON RIGGS THOMAS 1. RACE IF UNDER 1 YR. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 10:03 13 84 DEAD Black 10 18 Male To BIRTHPLACE (STATE OF TO CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED X USA WIDOWED DIVORCED Baltimore City OURS AFTER DEATH. IF ANY DELAY IS NE.
18. GIVE PAGES 1, 2, AND 3 TO THE FLI.
3. WITH FORM PM. 3, REVAIN PAGE.
4. MIT. PAGES 1 AND 2 SHOULD BE FILED.
E. DIVISION OF VITAL RECORDS, 201 W. 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore Lutheran Hospital USUAL RESIDENCE LIE IN NURS 130 STATE MD COUNTY 13d INSIDE EITY LIMITS? 2303 N. Rosedale St. 21216 Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Chester Sydney Riggs Stewart 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** Sydney Chester 2303 N. Rosedale St. N/A No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) FF MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES 2 NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes Undetermined monner TITLE (SPECIFY) ACTUAL DATE 12-5-84 M D Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY MD 12/8/84 Baltimore New Cathedral Cem. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** WM. C. March F/H TT01 E. North Ave. ULU -unwork-planders (VR A15 ME (5))



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

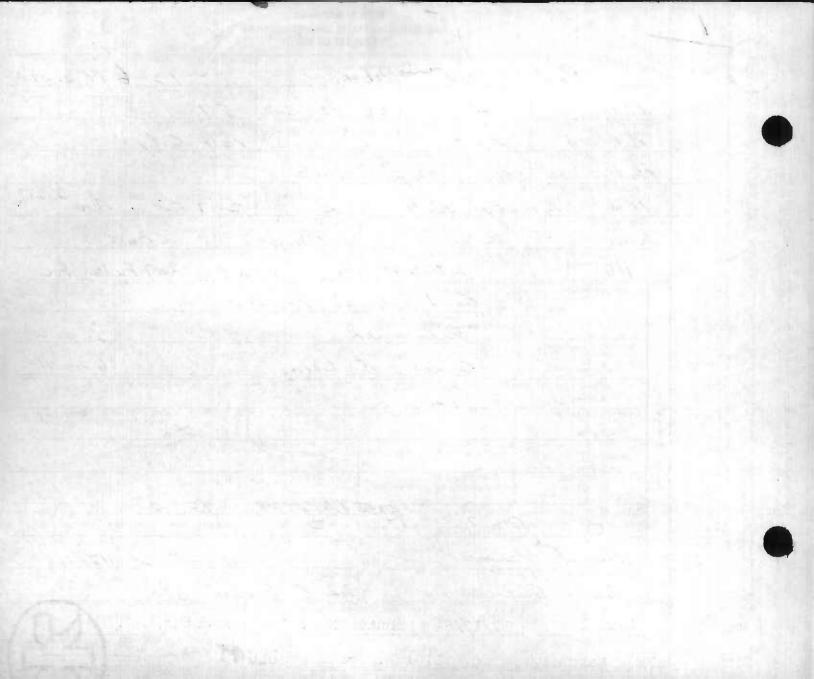


DEPARTMENT OF BEALTH AND MENTAL BYCHEME

-	1-	STATE REGISTRAR	DEP	CERTIFI	CATE OF DEATH	REG. NO		
	I. DEC	CEASED NAME FIRST	MIDDLE	LA	351			YEAR 26 HOUR
	(TYPE	OR PRINT; Pay!	. 111	Reb	ERCON	1	2 68	14 11:17 PM
4	3. SE)		4 RACE	5. DATE O		& AGE (IN YEARS LAST BIRTH		
		m	B	MONTH S	18 27	57	YRS	DAYS HOURS MIN.
30		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DE	ATH
		Bali mo	USA	WIDOWEI	_	15014 C	ity	MD.
8	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	STREET ADDRESS)	ROTHER INSTITUTION	128 USUAL OCCUPATION OF MOST OF		KIND OF BUSINESS OR USTRY
35	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN	NTY 13c. CITY OR	BEFORE ADMISSION) TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /		Tu 2/2/17
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NAM			
20	_	amei .	MODIE Robersun		Momie	MIDDLE	Chase	LAST
1		VAS DECEASED EVER IN U.S. AR (ES. NO OPPUNKNOWN) (IF YES. GIV	MED FORCES? 166. SOCIAL 2/8-2	SECURITY NO. 2-9452	Paulette K	Ruberson 2	017 Fuls	ton the
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	DBY	/		1	ä	APPROXIMATE INTERVAL LETWEEN ONSET AND DEATH
			TE CAUSE (a) Ca-di	oblind on	ray Merce	/		
			DUE TO, OR AS A CONS					7 /
		Conditions, if any, which gove rise to immediate	(b) 100c	uman	^			Lucelly
Y		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF	Luno		6	months.
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR COND	ITION GIVEN IN P	'ART Ito
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED CAUSES OF DEATH?
0	CER	210. ACCIDENT WAS UNDERLYING	LICHE A AL ALCOHUTE	DAY VEAD	214 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORI	PART 2)
1	CAL	OR CONTRIBUTING CAUSE OF DEA		DAT TEAK				
(	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET	CITY OR TOV	vn col	UNIY STATE
		22a.1 certify that (I) (this hospi	ital) attended the deceased f	rom Signal	Nov 23,0 84	to Der	7 19 8	that (D (we) lost
	119	sow the deceosed olive on abave, (1) (we) (did) (did no	Occ 7  ot) view the body ofter death.	19 84 , on	d that in (Type) our) opinion of	deoth occurred on the da	te and haur and fr	•
		226. SIGNATURE	F TAN D	2/1/4				
		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)		PHYSICIAN 77e ADDRESS			11
		Arnold G	coolmon ma		22 5, 61	core Si	7.	
	23a 8	SPECIEVE SPECIEVE			METERY OR CREMATORY	23d. LOCATION	COUN'	TY STATE
		Burial	12/12/84	Arbutu	s Mem. Pk.		, Md.	
	24. Ft	INERAL DIRECTOR	ADO	RESS	25a DATE	REC'D. BY REGISTRAR	156 REGISTRAPISTS	JENA HONDE
	M	m C March F/		01 E. N	North AveDE	C 1084		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



FOR - STATE

director, page nous after dec

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

т	REGISTRAR		CERTIFICATE OF BEATTI	REG. NO.						
	. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MON	NIH DAY YEAR	26. HOUR				
1	Mary	Oehl	Roberts	December 15	5 1981 IF UNDER LYEAR	10:00 M				
3	B. SEX	I, RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	HOURS AIN.				
1	Female	Cauascian	Dec. 8, 1928	56	YRS.					
Æ	e. BIRTHPLACE (STATE OR FOREIGN 71	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH					
L	Hawaii	U.S.A.	WIDOWED DIVORCED	Baltimore C	ity	MD.				
P	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING		17a USUAL OCCUPATION	ORKING LIFE) INDUSTRY	F BUSINESS OR				
1	Baltimore /	Maryland Gener		Housewife	Home					
1	USUAL RESIDENCE (IF NURSING HOME OR O 130 STATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A TY 136. CITY OR TOWN		13e.STREET ADDRESS / ZII						
1	Md. Carr	oll Westmin	isteres No M	32 Webster	St. 21	157				
A.		HODLE LAST	15. MOTHER'S MAIDEN NA	AME	LAS					
A		liam Bauernsc			Pea	rce				
	(YES, NOOR UNKNOWN) (IF YES, GIVE	WAR OR DATES		ADDRESS						
1	No	220-56-	8017 William N	oel Roberts						
I	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and			BETWEEN C	MATE INTERVAL ONSET AND DEATH				
1		CAUSE (0)_ Respirato	ry Failure							
1		DUE TO, OR AS A CONSEQUE								
1	Conditions, if ony, which	( Metastati	c Squamous Cell Co	arcinoma Of Th	he Lung					
1	couse (0), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF							
1		(c)								
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
7	NO LINE OF OPERATION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (	OPERATION WAS PERFORMED	20a AUTOPSY? 20	DE IF YES, WERE FINDIN	NGS USED				
	A P			IN CERTIFYING CAUSES OF DEATH?						
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN		NO []				
	OR COMPRESSION CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR							
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION							
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC ) STREET	CITY OR TOWN	COUNTY	STATE				
1		al) attended the deceased from	November 26 19 8	4 to December	15, 19, 84	that (Kr (we) last				
1	sow the deceased alive an above, (IX we) (did) (did Xat	December 15.	84_, and that in (mX (our) opinion	death occurred on the date of	and hour and from the	causes stated				
1	276 SIGNATURE	A . /	DEGREE		22c. DATE	SIGNED				
	Circ.	etiste.	ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	10 12/1.	5/84				
٦	224. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS							
1	Eric Fisher	, MD	c/o Maryl	and General He	ospital					
	230. BURIAL, CREMATION, REMOVAL	236. DATE 23c N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	COLLETT	STATE				
1	Cremation	2/17/84 We	stview Mem. Pa			Md.				
	24 FUNERAL DIRECTOR	TTT ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 25b.	r	URE				
	Gladden Kurtz	Jarretts	ville, MdVCL1	5 1004 gulia 0	levidson-Ashda	560				
-			1	- 100-0						

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached with the State Dept. IMPORTANT: IF

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic as the burial-transit permith and Mental Hygiene pr

THE RESERVE OF THE PROPERTY OF the street of the common the train of the result was at the second that the The state of the s

4	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 3 3   REG. NO.	5 2
B n		ECEASED NAME FIRST PE OR PRINT)  PATRIC	K Janes	ROBERTS		12 84 6.50 PM
ge 4 rpy	3. 5		Black	5. DATE OF BIRTH MONTH DAY YEAR FP. 3- 1914	6 AGE (IN YEARS LAST BIRTHDAY)	WUNDER I YEAR IF UNDER 74 HRS WONTHS DAYS HOURS MIN.
eoth. Pagental dir.	3 70.1	BIRTHPLACE   STATE OR FOREIGN	71. S. A.		9. BALTIMORE CITY OR COUNTY	OF DEATH ITY MD.
houghdite d	3 10.0	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) OPKINS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE OPENATOR	12b. KIND OF BUSINESS OR INDUSTRY  Steel Co.
4 hours	13a.	JAL RESIDENCE IN NURSING HOME O STATE 13b. COU	INTY 13c. CITY OR TOW	FADMISSION)  13d. INSIDE CITY LIMITS?  YES IN NO	13. STREET ADDRESS / ZIP CODE	t. 21213
d distribution		HUNTIS	MIDDLE Robe	15 MOTHER'S MAIDEN NA FIRST PRELIA	MIDDLE	Nanna//Y
TIMORE be seed and Aggre		WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECU IVE WAR OR DATES) 217-09-		Roberts 1614 No	WoHeSt.
			inly one cause per line for (a), (b), or ED BY: ATE CAUSE (a) ASPINA	MON PNUMON,	·A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  The state of the state o
201 W. PRESION ST., BALTIMORE, MARTLAND Z.  The the death cartificate be executed within 104 h.  Before the control of the cartific feet the control of the cartific feet the cartific feet to be cartificated as the cartific feet the cartific feet to be cartificated as the cartific feet to be cartificated as the cartificated a		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) 1000 NC3  DUE TO, OR AS A CONSEQUE  (c)		can parsy	2 years
The second secon	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20K IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
NOF VITAL RECORDS  SICIANY Their rep bely good.  certificate bits brind-tronsit arms. The term 18 show appropriet		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	YES NOW YES	S NO NO ART I OR PART 2)
Offending offending contending co	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
A OR ATTENDIN y the hospital or AL DIRECTOR. Al defacted for use ore Dept of Health		saw the deceased wive a	ortal) attended the deceased fram	DEGREE  ATTENDING PHYSICIAN [	death occurred an the date and haur	1989, that (1) we) last r and from the causes stated  22c. DATE SIGNED  12//2/89
TO HOSPITAL retoined by the TO FUNERAL Should be det with the Store	230.	224 PHYSICIAN'S NAME (TYPE BURIAL, CREMATION, REMOVAL		22e ADDRESS NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF FOWN	COUNTY STATE
BP DHMH - 16 50M 4/83 (VRA 15, 4)	24.1	UNERAL DIRECTOR	2. Collick 211312	COLIND St. 1	TE RECD BY REGISTRANDS A PEGISTR	Mard Va.



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r.H Paitimore, pp. 18	. ASDE DELET	b. product .d	resila
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morked or Item 18 shows ony injury, or other traumatic event, the

IMPORTANT: If Hem 21 is

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	1 -	STATE REGISTRAR			011	CERTII	ICATE OF DEATH	REG. N	0.	56.4	
674		CEASED NAME	FIRST		MIDDLE	70 ,	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 20
	(TIPE	AD	DIE	E		Kob	INSON		15 54	84	8 AM
	3. SE)		4.	RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
		Female		Bl	lack		0 17 1896	98	YRS.		MIN.
		RTHPLACE +STATE OR FO	DREIGN 71	. CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
36		ryland		U. S	. A.	WIDOW		Baltimor	e City		MD.
-	10. CI	TY OR TOWN OF DEAT	гн 1				OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION 12	B. KIND OF	F BUSINESS OR
6	B	Baltimore			HEACILITY, GIVES	Avenue		Domestic			Pamily
	USUA	AL RESIDENCE (IF NURSINGTATE	NG HOME OR O	THER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION)	AND INCOME CITY I MATERIA	138. STREET ADDRES			
5		ryland	136 COUNT	ı	Balti		13d. INSIDE CITY LIMITS?	Baltimore.			
	_	THER'S NAME					15. MOTHER'S MAIDEN N	AME	1842 7 2 445		
0		William		DDLE	Da	vis	Anna	MIDDLE	W	ashir	
	16a V	VAS DECEASED EVER I	N U.S. ARM	ED FORCES?		SECURITY NO.	17 INFORMANT	3705 Denni		COLLE	14 6011
	17	NO.	(IF YES, GIVE	WAR OR DATES)	216-12	-7530	Bennie Roey	Baltimore,	-	4 213	215
1			L.C.				Dernite Roey	Der CTRIOLE	Herytell	APPROXU	MATE INTERVAL DISET AND DEATH
		PART I. DEATH WA	AS CAUSED	BY:	Co . L	ono ici.	o . c. On.	acciden	+	BETWEENC	INSET AND DEATH
		33375 9	IMMEDIATE	CAUSE (o)	oner	grave	ar concing	occup esu	_		
				DUE TO, O	R ASA CONS	EQUENCE OF	11 mulles	c.2 .			
		Conditions, if any, gave rise to imm	ediote	(b)	-7700	cher	and the	ung			
		couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF									
		DART 2 OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO SELATED TO THE TERMINAL DISCASS OR CONDITION CHIEF IN DART 19									
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116									
	ATIO	190 DATE OF OPERATION 196 ENTITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 208. IF YES, WE IN CERTIFYING YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1								RE EINDIN	GSUSED
2	FIC.	THE DATE OF CITETY	ein	The state of the s	A	THE TOTE EXAM	NASTERI GRINED	, , , ,	IN CERTIFYING	CAUSES	OF DEATH?
patrick l	ERT	21g. ACCIDENT WAS UND	PLYING	21b. TIME O	F IN ILIRY		1216 HOW IN HURY OCCU	RRED (ENTER NATURE OF INJUR	YES	OR 0 4 0 1 2 1	NO 🗌
7		OR CONTRIBUTING C		110110 4	M. MONTH		The transfer occo	(ENIEW NATIONS OF INSE	MI III III III III III III III III III	00.770.0)	
1	ICAL	(IF EITHER NOTIFY MEDIC		P. 21e PLACE		19	211 LOCATION				
	MEDI	WHILE NOT WHI				FFICE, FARM, ETC )	STREET	CITY OR TO	NWN	COUNTY	STATE
	100	AT WORK AT WOR	× -			1=1	- 1/			BU	
		220 I certify that (I)		2 400		K v	24 19	6 , to <u>120 c</u>	79 19		tho (1) (we) lost
oboys (II) we) (did / and no) view the body after death.									ore one nour one		
		226. SIGNATURE		0	1	1-	DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE	SIGNED
		ne	eol	00	245		PHYSICIAN	DIRECTOR   PHYSI	CIAN	1-2	-1915
1		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	2		220 ADDRESS	P 1.	(1	1.1	
1		17mes	000	15,	13013	MX	1520	Parl 1	tell	1	>
		BURIAL, CREMATION, F		23b. DATE			CEMETERY OR CREMATORY	CITY OF TOWN		UNTY	STATE
		Buria	1	1/2/1	1985	Mt. Aub	urn Cemetery	Baltimor	e,	Ma	aryland

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

Nutter Consons 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Prelia Devidor Bress

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Domestic Ivo. Funity 2705 Dennivn Joad		lest to avenue	315 Ing	ertenlike
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L. Kaningtonian Load	SCITE.	pavis	• 1	reu FT Lbw
Bultimore, taryland 21215	Y-12, -1 (15 +5			• • • • • • • • • • • • • • • • • • • •
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Bitimore, .s.rvl n	X13 4.30	vins Palls Par	AD 1005	Hatter & Schi Euneral Hope In

DEPARTMENT OF HEALTH AND MENT & HYGIENE

3	3	4	5	S

ELLEN L. ROBINSON  3. SEX Female Black 7 29 1891	DATE OF DEATH MONTH DAY YEAR 26 HOUR  12 22 84 M  AGE (UNYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
FELLEN L. ROBINSON  3. SEX Female Black Female Female FIGURE Black Female FIGURE BLACK FEMALE FOR SUPERIOR SERVING SER	
Female Black 7 29 1891	
7n BIRTHPLACE ISTAIL OR FOR FON IN CITIZEN OF WHAT COLINTRY? II	93 YRS (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
VA USA WIDOWED TO NEVER MARRIED WIDOWED TO DIVORCED	Balto City  MD.
	USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY
	STREET ADDRESS / ZIP CODE 1825 W. Saratoga St. 21223
Samuel Easley Fannie	Hubbard
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) 18 YES, GIVE WAR OR DATES! 223-50-8726 Annie Easle:	y 1825 W. Saratoga St.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ODEATH BUT NOT RELATED TO THE TOMINA  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 7006. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	YES NO YES NO (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE
DEGREE  The state of the state	th accurred an the date and hour and from the causes stated  22c. DATE SIGN.  AEDICAL STAFF IRECTOR   PHYSICIAN
BURIAL 12/27/84 Mt. Auburn	23d LOCATION CUT OR TOWN Balto. COUNTY Md LATE
24 FUNERAL DIRECTOR 25a DATE RE	27 DRA Juna Janador F

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attentishould be detached for use as the buriol-transit permit. Then please remove convint the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

2015年至10世纪11日 - 11日本

Continue of the second of the THE PROPERTY PROPERTY SEE AS THE STREET Editioners Francis Sant New Lewise . Dinessell Provides NO. BARRIOTE . SUBMITTERNATE Ancie Har Renessa LATE OF FORE THE WAR THE WIND OF WHEELT FOR CHIEF THE Everal 1992 of Buttimer Edward Ballimore Sale soils who is being

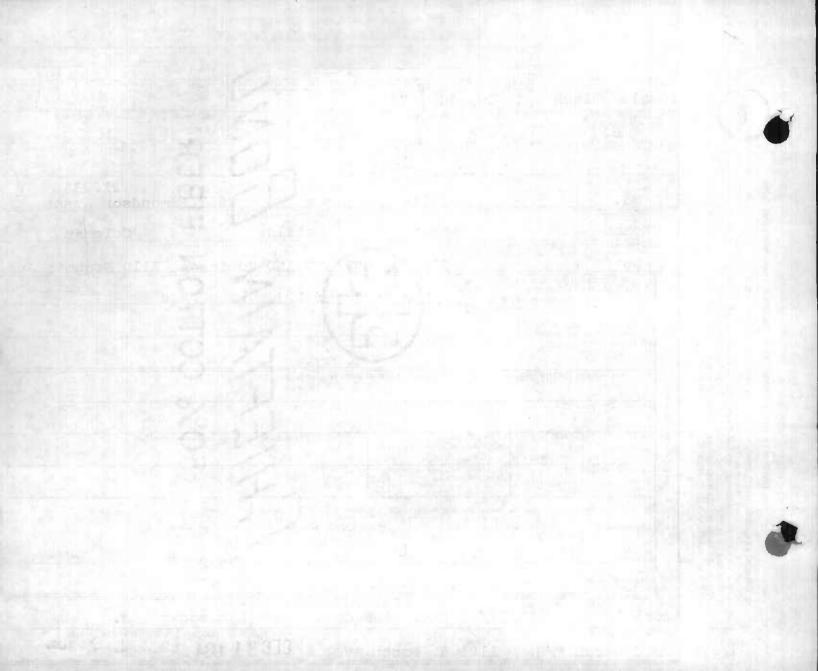
Office VERLING CERTIFOR ROWERS, INC. to Controlyn I. Boningon Baltimore, Md. 21215 daltimore, Meryland Actor & John Sol Gwans Folls Nariway

smarel some inc. Balticore, daryland 21218

					STATE OF MARYLAN			2	
		1-	FOR STATE		OF HEALTH AND ME	(3) (4)	3   5	8	
			REGISTRAR	MEDICAL EXA		CATE OF DEATH	REG. NO.	701	4. 1
			CEASED NAME FIRST	MIDOLE	LAST	20. DATE OF	KNOWN X MONTH	OAY YEAR	76 HOUR
	ASE JRS. JRS.		Nancy		Robinsor		ALATED .	29/84	N
	PY, PLEASE DIRECTOR. DUR FILES. 72 HOURS IN STREET,	3 SEX	1 -	DATE OF BIRTH 6 AGE	E (IN YEARS IF UNDER TYR.	FUNDER 24 HRS. 20 DATE	MONTH	DAY YEAR	24 HOUR
	\$205.K	F	emale Black		9 YRS.	DEAD		9/8419	PM
3	経の施の記		RTHPLACE (STATE OR 7)	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEV	VER MARRIED . 9. BALTIM	ORE CITY OR COUNT	Y OF DEATH	
	BASSEOD	J	Dentonville, Va.	U.S.	WIDOWED V	DIVORCED   Bal	timore City	1 -	MD
	SARA P	10. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUT	TION 12a. USUAL OCCU	PATION (TYPE OF WORK	OR INDUST	JSINESS
			Baltimore	123 N. Hilton St		Peti	ired	OK 11400371	
-	- m = 0 0	USU/	L RESIDENCE (IF IN NURSING HOME OR OT TATE 136. COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE A		TY LIMITS? 13e STREET ADDRE	ESS 1, 1	1105	9
212	AND		Ma.	1-17.	move YES V.	NO 123 N.	Hilton,	54.4	- 1
Š.	H. F. 23, 23, 25, 25, 25, 25, 25, 25, 25, 25, 25, 25	14. F	THER'S NAME	AIDDLE LAST		R'S MAIDEN NAME	AIDOLE	1457	
M.	DEATH.		William	monat	nie 1	Un the	IIIDOLE .	tride)	1
MO		160. \	VAS DECEASED EVER IN U.S. ARME		CURITY NO. 17 INFORM	IANT	ADDRESS	14.1	,
BALTIMORE, MD. 2120	正 声 上 次 ン		NO	214-	24-7288 LI	ourse Willian	ns 123 1	V. Hilto	N.St.
	DURS AU 18. GIV WITH NIT. PAC I. DIVIS		18 CAUSE OF DEATH (Enter only o	one cause per line far (a), (b), and (c	ε).)			APPROXIMATE BETWEEN ONSE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,			PART I DEATH WAS CAUSED B	Artoriocal	erotic Cardio	ovascular Dise	ase	BETWEEN ONSE	I AND DEATH
STO	A ALONA			DUE TO, OR AS A CONSEQUE	NCE OF				
gr.	A A NS	-	Conditions, if any, which gave rise to immediate	(b)					
`.	OR TRIEN		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF				
201	HOULD BE EXECUTED WITHIN 24 H  NED "PENDING" IN PENCIL IN ITEM  THEF MEDICAL EXAMINER ALONG  USED AS A BURIAL - TRANSIT PER  OF HEAITH AND MENTAL HYGIEN  RIAL, CREMATION, OR REMOVAL.		lying couse last.	(c)					
RDS	AAN		PART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1 to			
0	PENDING"  PENDING"  MEDICAL  D AS A BU  HEALTH AN  HEALTH AN  I, CREMATI	O Z	Alcoholism						
LR	SHOULD ORD "PE CHIEF N SE USED A SE USED A SE USED A SURIAL, OF HE	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORM	MED?		20 AUTOPSY?	?
1	382353	E						YES 🗆	NO 🕅
OF.	A MEN	W W	210. EXTERNAL CAUSE WAS	116 TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PAR	J 2)	
O	CERTIFICATE WITING THE WOED TO THE SAHOULD PEPARTMEN I PRIOR TO EVERTIMEN I PRIOR TO EVERTIMENT I PRIOR TO EVERTI	MEDICAL	CONTRIBUTING CAUSE OF DEA	ATH P.M.	19				
VISI	DEP SEP	AED	21d INJURY OCCURRED  WHILE DOT WHILE D	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	OME, 21f. LOCATION STREET	CITY OR TO	WN COU	INTY	STATE
۵	WARE WARE PAGE TATE 21201	~	WHILE NOT WHILE AT WORK					NII .	JIAIL
	UNER: THIS CERTIFICATE SHOULD E FICATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF ME TAOR: PAGE 3 SHOULD BE USED A! THE STATE DEPARTMENT OF HEAL LAND, 21201 PRIOR TO BURIAL, CR		220. I certify that I took charge o	of the remains described above, held	d on Autapsy ,	Inspection . Inquiry	, and in my api	10100	-
4	NO SERVE		death resulted fram: Natural		Suicide . Homici			i i i i i i i i i i i i i i i i i i i	
9	ERTI D B NITH			4120 _	TITLE (SP		Jimer		
	A SOUTH THE		ACTUAL SIGNATURE	MIIIY	2100000	stant MEDICAL EXAM	AINER DATE	11/30	/84
	DEA SET		EVALUEDIC MANE	100					
	TO MEDICAL EXECUTE THE PAGE 4 SHO POPERAL AFTER DEATH AFTER DEATH SALTIMORE,	-0	EXAMINER'S NAME (TYPE OR PRINT) Grego:	ry R. Kauffman,	M.D. ADDRESS_	111 Penn S	t.		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23 a B	URIAL, CREMATION, REMOVAL 236		OF CEMETERY OR CREMATO	PRY 23d. LOCATION	4 COUN	TY ST	ATE /
07/84	BP		Buria 1/2	2-6-84 Arbi	utus Mem.	PK. Bal.	timore		id.
25M	DHMH - 17	24 F	INERAL DIRECTOR	ADDRESS		150. DATE REC'D. BY REGISTRA	AR 25h REGISTRAR'S SI	GNATURE	
	(VR A15 ME (5))	V	Illiam C. Z	Drown 1206-08	W. NorThand	DEC 13 1984	(1)	- Marketoc	,

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	3	1-	FOR STATE			DEPARTMENT (		ARYLAND	HYGIENE 3	1 5	9	
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	WI		PE OR PRINT)	L.	-1 040	MIDDLE	ROBIN	CON	20. DATE K	ESTI- XX	TH DAY YEAR 2	26 HOUR
	HOURS STREET	3. SE	X	I HI	ELMA S DATE OF BIRTH	IA AGE (I	NYEARS IF UN		DEATH A	MATED 12	23-84 YEAR	A HOUR
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5	Y DE SAIN ORDS	USUA	AL RESIDENCE TATE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADA	ISSION)	har more concess	lia cross i pane		21223	
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ORE,	DEAT GES AND OF V	_	<b>Thomas</b>			Handy		Matild	a	Co	oleman	
BALTIMORE, MD.	HIN 24 HOURS AFTER DEATH IN ITEM 18. GIVE PAGES 1 R ALONG WITH FORM PM SIT PERMIT. PAGES 1 AND HYGIENE, DIVISION OF VII EMOVAL.	16a. V	ES. NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT		ADDRESS		-
	URS AI 8. GIV WITH II. PAC DIVIS		No			214-40	-0597	RONALD	Robinson	3110	Sequoia	Ave
ST.,	A 18.		PARTIDE	EATH MALC CALICE	ly one cause per line D BY:				aulam diaa		APPROXIMATE IN BETWEEN ONSET A	ND DEATH
OF	THIN 24 HO SIL IN ITEM I JER ALONG ANSIT PERM AL HYGIENE REMOVAL.			IMMEDIA		AS A CONSEQUEN		Carulovas	cular disea	156		
P. P	AL HY	23		ns, if any, which	(b).							
₹.	UTED WITHI IN PENCIL EXAMINER SIAL - TRANS O MENTAL PON, OR REA	3.1		) stating the under-	<	AS A CONSEQUEN	CE OF		7			
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L REC	HEALL CH	CERTIFICATION	190 DATE OF	OPERATION	196. CONDIT	ION FOR WHICH O	PERATION W	AS PERFORMED?			20. AUTOPSY?	
ITA		I F									YES 🗆	NOXX
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NO	ERTIFIC ING TH ED TO 3 SHOU EPART/ PRIOR	MEDICAL	CONTRIBUTI	NG CAUSE OF	DEATH P.M.	19						
IVIS	CER DED E 3S E 3S	MED	21d INJURY C			OF INJURY (AT HOME ORY, FARM, ETC.)		CATION	CITY OR TOWN	,	COUNTY	STATE
	NNER: THIS CERTIFICATE SICATE, WRITING THE WC FORWARDED TO THE CATOR. PAGE 3 SHOULD BIT THE STATE DEPARTMENT AND, 21201 PRIOR TO BIT AND, 21201 PRIOR		AT WORK	NOT WHILE C					Marie Company			
75	AND, AND,				e of the remains desc	ribed abave, held o		y . Inspecti	on , Inquiry	X, ond in my	opinion	
Sa	RECORD RE		death result	ed from: Notus	ral causes .	Accident .	Suicide	, Homicide L	Undetermined man	ner,		
-	WAY WAS		ACTUAL SIGNATURE	MARIA	To line	Mhul		TITLE (SPECIFY) .	int MEDICAL EXAMIN	DA	TE 12-28-84	Л
	SEAT SET TO SET TO SEAT SEAT SET TO SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT				TU,						NED 12-20-0	-+
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STY. BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI	NAME M	argarita /	A. Korell	,M.D.	ADDRESS111	Penn Stree	et		
	DX & DA &	23a. B	URIAL, CREMA	TION, REMOVAL 2		23c. NAME OF			23d. LOCATION	c	OUNTY STATE	E
07/84 25M	BP		UNERAL DIREC		12/28/84	Mt. Z	ion Ce		Landsdo	wn, Md.		
	DHMH - 17 (VR A15 ME (5))	-	NAME	rch F/H	/H 1101 E. North Ave. DEC 31 1984 John Davidson-Ronders							
	(AK WID WE (D))	AAT	n C Ma	TCH E/U	TTOT	E. MOL	LII AV	o. DEC	0 - 1304 /	100 1000 100		1



OR ATTENDING PHYSICIAN. The law requires that the deoth certificate be executed within 24 hours ofter dec

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and

ottending physicion

retoined by the hospital HOSPITAL

BP

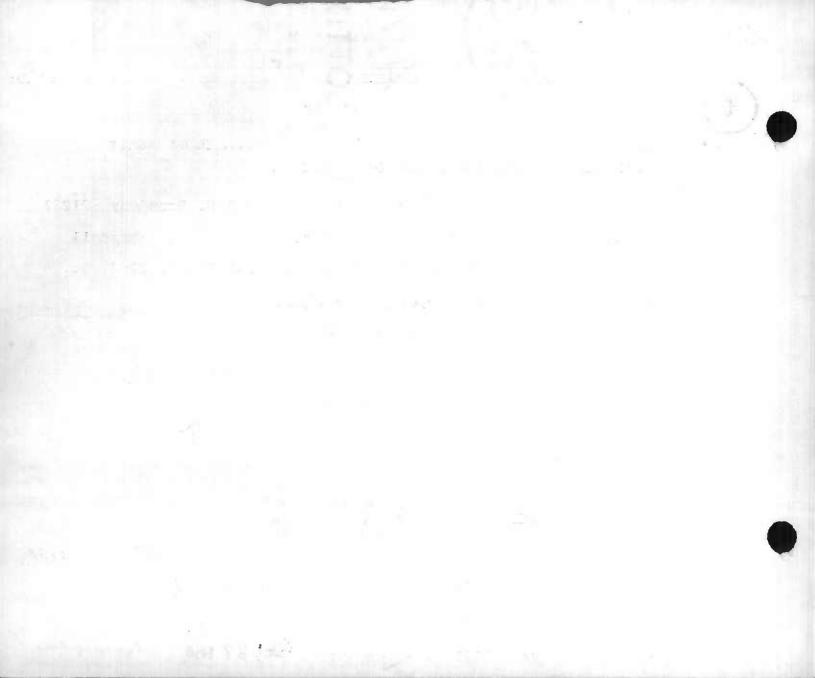
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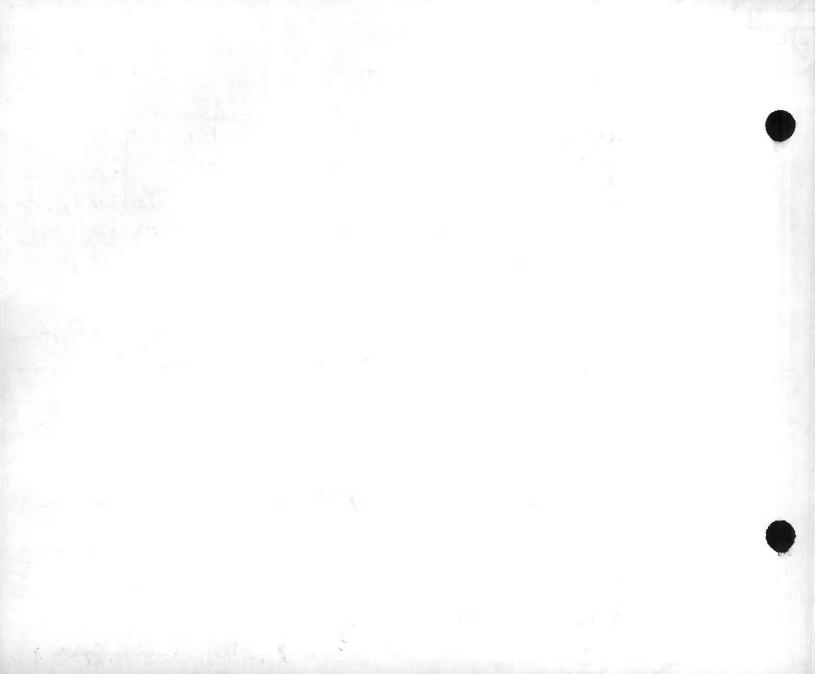
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

{ TYP	PE OR PRINT)	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH OA	AY YEAR	2b. h
1	t on Marij	WAT.TF	סי		ROBIN	JR.		12	23 8	1 6
3. SE	Х		1. RACE	- 74	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST		FUNDER I YEAR	IF U
	Male		Blac		5 5	11 18 YEAR	66	YRS.	ONTHS DAYS	HOL
7a. B	SIRTHPLACE (STATE O	IR FOREIGN		WHAT COUNTRY	Y? 8 MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
	SALTIMORE				ING HOME C	OR OTHER INSTITUTION	12d. USUAL OCCUPA ITYPE OF WORK FOR MOS	111011	126 KIND ( INDUSTRY	
	JAL RESIDENCE (# NU STATE	RSING HOME OR C	OTHER INSTITUTION		ORE ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS			
14.5	MD ATHER'S NAME			Dairi	MOLE	YES NO		Broadw	ay /	212
	Walter	_	AIDDLE	Robinso	n	Irene	WIDDLE	Ma	rshal	AST L I
	WAS DECEASED EVE	R IN U.S. ARA	AED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADD	RESS		
100	Yes, no or unknown)	(IF YES, GIVE	WAR OR DATES)	214_14	-0761	Irene Mars	hall 815	E. 22	nd.	St
	T	*14 · F · · · · · · · · · · · · · · · · ·				Trene Mars	Harr oro	110 22	APPRO	XIMATE
1	18 CAUSE OF DEA PART I. DEATH	WAS CAUSED	BY:	Cardio			1_		BETWEEN	
1		IMMEDIATE	E CAUSE (0)	Cerrino	7 - 17 - 10 -	nery Burest			7.	
			DUE TO C	OR AS A CONSEO	DUENCE OF					
1	Conditions, if on	v. which	( 16)	Intra	revol.	vel Bleed			Sul	24,
	Conditions, if on gave rise to in	nmediate	(b)_	Intra		rel Bleed			Sul	24,
-	gave rise to in cause (a), stat	nmediate ring the	(b)_	Intra DR AS A CONSEO		rel Bleed			Sul	24,
	gove rise to in	nmediate ring the	(b)_	Intra		rel Bleed			500	24,
	gave rise to in cause (a), stat underlying caus	nmediate ling the se last.	(b) DUE TO, C	Intro	DUENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CO	INDITION GIVE		
NOI	gave rise to in cause (a), stat underlying caus	nmediate ling the se last.	(b) DUE TO, C	Intro	DUENCE OF		IN AL DISEASE OR CO	INDITION GIVE		
ATION	gave rise to in cause (a), stat underlying caus	nmediate ling the se last.	DUE TO, C	Intry DR AS A CONSEO	O DEATH BUT		IN AL DISEASE OR CO	206. IF YES,	N IN PART 1	lo·
IFICATION	gave rise to in cause (a), statunderlying cause	nmediate ling the se last.	DUE TO, C	Intry DR AS A CONSEO	O DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, IN CERTIFY	N IN PART 1 WERE FINDI	INGS S OF [
ERTIFICATION	gave rise to in couse (a), statunderlying court PART 2 OTHER SIG	nmediate ting the se last. GNIFICANT CO	DUE TO, CO	I notes	O DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDI	INGS S OF [
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U	PART 2 OTHER SIGNATURE OF CONTRIBUTING COUNTRIBUTING CONTRIBUTING CONTRIBUTING COUNTRIBUTING COUNTRI	INDERLYING OLD CALE STANDER OF BEAUTIFICANT CO	ONDITIONS CONDITIONS C	DR AS A CONSECUTION FOR WHICE	DUENCE OF  O DEATH BUT  TH OPERATIO  DAY YEAR  19  E FARM. ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCUR	20a AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSE:	INGS S OF E
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WEDICAL CE	gove rise to in cause (a), statunderlying course (b), statunderlying course (course).  PART 2 OTHER SIGNATURE  21a. ACCIDENT WAS U OR CONTRIBUTING [I FETHER NOTIFY ME 21d. INJURY OCCU AT WORK IN AL W.  22a.1 certify that (sow the deceasing course, (1) (we) 22b. SIGNATURE	ATION  NDERLYING   ATION  NDERLYING   ATION  NDERLYING   ATION  NDERLYING   ATION  NDERLYING   ATION  NDERLYING   ATION  (ATION   ATION  NOTE: A CONTROL  NOTE:	ONDITIONS CONDITIONS C	DR AS A CONSECUTION FOR WHICE  OF INJURY  A.M. MONTH  D.M. COF INJURY  IREET, FACTORY, OFFICE  19  19  19  19  19  19  19  19  19  1	DAY YEAR  19 E FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  23 27 19 8  Attending Physician [ 22e Address  Johns Hope	200 AUTOPSY? YES NOTE NOTE OF	20b. IF YES, IN CERTIFY YES JURY IN 11EM 18 PAI TOWN AFF	WERE FINDING CAUSE:  COUNTY  22c. DATE  12	ings s of E

DHMH - 16 50M 4/83 (VRA 15, 4)





	4	Ite	ms 18-22a 12/1	10/84 mtb	F#598 STATE	OF MARYLAND		
	- VANA		FOR STATE			EALTH AND MENTAL		2
	"EU"	The	REGISTRAR CEASED NAME FIRST	, MEI	MIDDLE AMINE	R'S CERTIFICATE	KEG. INC.	
			E OR PRINT)		MIDDLE	LASI	20. DATE KNOWN X MON	11 DAY YEAR 26 HOUR2-8419
	EAS STATE	3. SEX	EDW.	ARD 15. DATE OF BIRTH	I6 AGE (IN YEAR	ROFHNER	DEATH MATED LER 24 HRS. 26. DATE MON	111
				MONTH DAY	YEAR LAST BIRTHDAY		T PRONOUNCED	-2-84 11:03
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0		NO	reign country) rth Carolina	IICA		MARRIED X NEVER MAI	RCED Baltimore Cit	У
	S HERE	В	altimore	III. NAME OF HOS	PITAL, NURSING HOME, MESIMHOSPITTA	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)  Longshorman	or INDUSTRY shipping
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2120	支急を表表の		ryland Baltin		Halethorpe	YES NO		21227
WD	S1.2, PM 3.	I4.E	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MA	IDEN NAME	LAST
ORE,	DW _ 24		nry Roehner			Mary E	Betz	
BALTIMORE, MD.	JRS AFTER DEATH  B. GIVE PAGES 1, WITH FORM PM  T. PAGES 1 AND 2  DIVISION OFWITH	16a. V	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE V	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY		ADDRESS	
BAL	S AP GIVI ITH PAG IVISI	ye			1218-18-049		Roehner 5720 2nd 2	Avenue 21227
	OURS, 11B. GI G WITH MIT. PA		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y ane cause per line BY:	far (a), (b), and (c).)	Gastr	ointestinal Hemor	THE BOTWEEN ONSET AND DEATH
NO	24 H LON LON PER SIEN VAL	7	0000 IMMEDIAT		AS A CONSEQUENCE OF		with complicating	
REST	EWO ENO	1	Canditions, if any, which	00E 10, 0K	AS A CONSCOULAGE OF			
×.	WIT RING TRAIN OR R		gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE OF			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	NE N		lying cause last.	(0)				
DS,	XECT AGE AND AND	1	PART 2 OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN	PART 1 to	
00	BE E NOIN	NO						
2	3 2 7	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
15	SPECIFICATION AND AND AND AND AND AND AND AND AND AN	Ē						YES XX NO
9	A THE WEN		216 EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M	MONTH DAY YEAR		RRED LENTER NATURE OF INJURY IN ITEM TO PART 1 C	DR PART 2)
ON	A R A R A R A R A R A R A R A R A R A R	MEDICAL	CONTRIBUTING CAUSE OF D		10/26 1984	subject f	ell	
N S	E 3 S E DEP	MED	WHILE DOT WHILE AT WORK	21e PLACE C	ORY, FARM, ETC.)	21f LOCATION	CITY OR TOWN	COUNTY 21227 STATE
	WAR WAR PAG 212		AT WORK AT WORK	Hon	ne	5720 Second	Ave. Baltimore	City, Md.
	NO. NO.		22a. I certify that I taak charge	e af the remains desi		Autapsy X, Inspec	tian . Inquiry . and in m	y apınıan
	ME ME ME		death resulted fram: Natur	ni rouses 🔲,	Accident X, Suic	de 🔲 , Hamicide 🔲	Undetermined manner .	
	MAR WAR		ACTUAL . XXX	110		TITLE (SPECIFY)		ATF.
	SHE SHE	1	SIGNATURE	1		M.D. ASSIST		SNED 11-3-84
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AT PARTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DALINORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		EXAMINER'S NAME (TYPE OR PRINT) GY	edory R K	Cauffman M.	ADDRESS 11	1 Donn Stroot	
	TO ME EXECUTION TO FULL TO FULL BATTER	23a.B	JRIAL, CREMATION, REMOVAL 2			TERY OR CREMATORY	123d LOCATION	
07 84	BP929	(:	rial	11/06/84		ss Cemetery	CITY OR TOWN	Arundel Md.
25M	DHMH - 17		JNERAL DIRECTOR	ADDRESS	,		TE REC'D. BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
	(VR A15 ME (5))	Am	orose Funeral Ho		Sulphur Spr	ing Rd. NO	V 5 1984 Julia Dav	idson-Aandelle

X		AKA	NORMA QBID	AN JOI	HN A.	ROGERS	sr Dn T	20 DATE KNOW OF ESTI- DEATH MATE		EAR 75 HOUR
	3 SEX			5. DATE OF BIRTH 08-13-54		YEARS LIE LIND				9:53P
WINNESS WINNES	r i	BALTIMORE,	MD	USA	AT COUNTRY?	8 MARRIED WIDOWEI	NEVER MARRI	ED & Baltimo	ITY OR COUNTY OF DEAT	MD
PAGE PAGE REFILID	B	altimore		Provider	PITAL, NURSING HOL ILITY, GIVE STREET ADDRES IN HOSPITA	s) 1	RINSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE  LABORER		DE BUSINESS DUSTRY
F AND 3 RETAIN PRETAIN	13a S	AL RESIDENCE (IF IN N STATE DRYLOLD	136 COUNT		Baj Times	CF I	YES NO	13e STREET ADDRESS 4406 WAKEF	IELD AVE.	-15
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□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	CERTIFICATION	19a DATE OF OPER		19b. CONDITI	ON FOR WHICH OP	ERATION WA	S PERFORMED?		2D AUTO	
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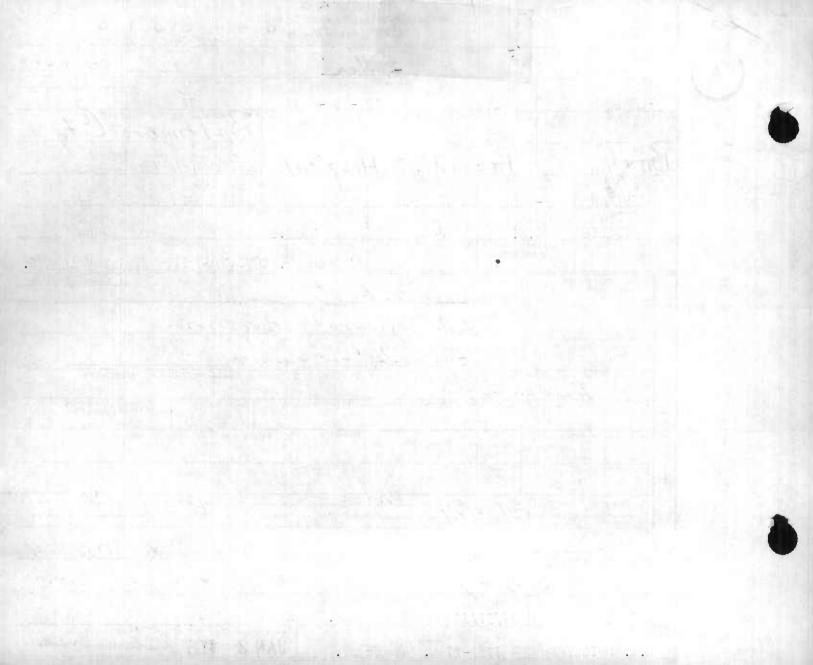
. THE RELEASE DESIGNATION OF CHARLES TANK THE TANK 

	Lei	1-	STATE REGISTRAR			MEDIC	AL EXAM		CERTIFIC	ATE OF D	EATH	S REG.	0	4	
	7	1. DE	CEASED NAME OF PRINTS	NE FIRST		MIDE			LAST		20 DAT	E KNOWN	HTMOM [X		26 HOUR
	ASE LES. LET,				LIAM		I. R	DGERS.	2.無	7.	DEA	TH MATED	_	23-84	м
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	RE, A.H.		SIGNATURE	Mily	mey	he y	rule	^	A.D. ASS	<u>istant</u> ,	MEDICALEX	AMINER	SIGN	12-23-	84
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNKER LORECTE AFTER DEATH, WITH TI BALTIMORE, MARYLAI	13	EXAMINER'S (TYPE OR PR	NAME M	argarit	ta A.	Korell.	M.D.	_ADDRESS	111 Pe					
	なりなれるが	23a.B	PECHY)	ATION, REMOVAL 2		d.	23c. NAME OF				LOCATIO CITY OR TOWN		COL	O pondate	TATE
07/84 25M	BP	74 FI	BU F	CLOR	12/28/	84	ARBUTU	S MEMO	DRIAL F	ARK	BALTI			SIGNATURE	-
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STATE OF MARYLAND

Mar. 11, 1754 30 / 10 SU ALCOHOL: U. ATTAKETIA - A months 221 0 22 attendant ROBERT CATHERINE BANKETAN BANKETAN Y Y RES. CATHERANG LOVE IN 2824 BOX ST. 21351

1	3				STATE OF MARTLAND		
2	25	١,	FOR	DEPARTA	RENT OF HEALTH AND MENTAL	HYGIENE . "7 "7 ;	6 10
		1	• STATE REGISTRAR		CERTIFICATE OF DEATH	0 4 0 0 :	0 0
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	è ( 0 4 M	3. SE		4 RACE	S. DATE OF BIRTH		UNDER I YEAR OF UNDER 24 HRS
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	E 30 01		COUNTRY		MARRIED NEVER MARRIED		104
	0 55	_	MARYLAND	WSA	WIDOWED DIVORCED	1 /JA/TIMON	2 CITA MD.
	15 3 /	10,5	V OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			12h KIND OF BUSINESS OR
_	\$ \$5 \$DY	15	n 11.	(IF NOT IN SUCH FACILITY, GIVE STREET.	T II.CL LAI	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY /
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9	filled fould bould be		MARYLAND -	DITTUAL			T 0101/
Z	sho sho	14 5	ATHER'S NAME	I DALI I MUK	15 MOTHER'S MAIDER		IE 21216
RY	Min min	19, 17,	FIRST	MIDDLE LAST	IS MOTHER S MAIDEI	WIDDLE	LAST
¥ ×	p		TOLLTE	.S. FOX	NELL		JOHNSON
ui		160.	VAS DECEASED EVER IN U.S. AR			ADDRESS	3011113011
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	Poges medical			/E WAR OR DATES)			
Z	B D G				CHARLES H	<ul> <li>COVINGTON III 390</li> </ul>	1 DUVALL AVE.
ALI	te b		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), one	ficul .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ex Ex	e d and and tra		gove rise to immediate	(6) 17000			
>	that the day the lease re		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
_	than the		underlying couse lost.	( 10) 505/m	INTESTINAT 6/2	edrn-	
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Ö	y in Y	H		m10-			
E.	ad and C	2	198 DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
=	ow ow	=				YES NOT YES	□ NO □
E	N: The ysicio	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM TO PAR	T I OR PART 2)
7	physical phy		OR CONTRIBUTING CAUSE OF DE		Y YEAR	(citization)	
0	SICIA ng pl certif vial-t lentol	3	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
Ó		MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR IOWN	COUNTY STATE
135	offer offer s the s one	Σ	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, F.	ARM ETC ) SINCE	CITORIOWA	STATE
ā	DING PHY or offendi After this is as the bu olth and M morked ar		AT WORK AT WORK		12/26	15/5/	
	Z - 2 5 2 .s			tol) attended the deceased from_	12/26 19	, to 12/26 19	, that (I) (we) lost
	TITE pirto	100	sow the deceased alive on	17 25/7 19 it) view the body ofter death.	, and that in (my) (our) opi	inion death occurred on the date and hour o	and from the causes stated
	A A A P A B B B B B B B B B B B B B B B	1 3	MA SIGNATURE	viewane body offer deoff.	DEGREE		224, DATE SIGNED
•	the ho the ho to DIRE to DEP to Dept		91		ATTENDIN	NG MEDICAL STAFF	1 - 1 - 1
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	TO HOSPITAL retained by t TO FUNERAL should be det with the Store MPORTANT:	-	10010	-000	7	1.016001 140161	1 1011 1111)
	P 2	23a. I	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATO		COUNTY STATE
	BP		BURIAL	12/31/84 AR	BUTUS MEM. PARK	BALTIMORE	MARYLAND
		24 F	JNERAL DIRECTOR	1 . 5/ 5/ 6/		DATE REC'D. BY REGISTRARIZED REGISTRA	AR'S SIGNATURE
	DHMH - 16 50M 4/83		NAME	ADDRESS		IAN 2 1085 Julia Day	
	(VRA 15, 4)		E.L. PHILLIPS	1721-27 N. M	IONROE ST.	JAN 6 BOD June Du	Marca and fundamental
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	./							MARYLAND					
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- 24	- V - F - A		REGISTRAR		MEI	DICAL EX	AMINER'S	CERTIFICATE	OF DEATH	REG. N	0.	0	
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7	SENTER PARET	10. €	TY OR TOWN O	DEATH	11. NAME OF HOS			HER INSTITUTION	FOR MOST OF V	CUPATION (TY	PE OF WORK 126	OR INDUSTR	
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-	AND STORY OF THE PART OF THE P	USU	AL RESIDENCE IIF	IN NURSING HOME C	OR OTHER INSTITUTION, GI	E RESIDENCE BEFOR	RE ADMISSIONI						224
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	TO MEDICAL EXAMINER: T EXECUTE THE CEPTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.B	URIAL CREMATIC		36 DATE	23c. NAMI	E OF CEMETERY O		23d LOCATION	1			
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STATE OF MARYLAND

1	REGISTRAR		CERTIFICATE	OF DEATH	REG. NO			
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d	THE BINTHILLAGE   STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY?	MARRIED NE	VER MARRIED	BALTIMORE CITY OR		DEATH	
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DHMH - 16 50M 4/83 (VRA 15, 4)

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BALTO., MD

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	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BATTIMORE, M		EXAMINER'S NAME (TYPE OR PRINT) Gree	gory R. I	Kauffm	an, M.D.	ADDRESS.	111	Penn St.			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE Ellen Sarah Ross CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME ElleN Sarah IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH YEAR aucastan 2-06 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY U.S.A. Baltimore WIDOWED DIVORCED F 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS INDUSTRY Housewife more HomeMaker GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13e.STREET ADDRESS / ZIP CODE COUNTY 13c CITY OR TOWN 512 Baltimore 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDIE MIDDLE Geiger Shelton ADDRESS N U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IF YES, GIVE WAR OR DATES! 213-09-9171 No Frederick A. Ross Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line to) (a), (b), and (c). PART I. DEATH WAS CAUSED BY Mucas IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN MAIL LIM CERTIFICATION S. WERE I INDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF 1 IN CENTIFYING CAUSES OF DEATH? YES TY NOF NO T 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased fram\_ \_\_ and that in (my) (our) apinian death occurred on the date and haur and from the causes stated saw the deceased alive an above, (1) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED 226. SIGNATUR DEGREE ATTENDING MEDICAL 29/84 MO PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S S. Hanover St BALTE, MD. 3001 MO AWIN 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 236. DATE Glen Burnie 1/2/85 COUNTY Glen Haven Mem Park Burial Md 25a. DATE REC'D. BY REGISTRAR 200 DHMH - 16 50M 4/B3 George J. Gonce 4001 Ritchie Hgwy Balto Md (VRA 15, 4)

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STATE OF MARYLAND

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	H - 16 50M 4/B3	24 F	UNERAL DIRECTOR	,	Baltanon	d., 21225 apsco Ave.,	PEC	REC' D BY GOVERAN	AN WECKSTRARSSIG	VALURE
	(VRA 15, 4)	1110	(ully Funeral H	omes 2	37 E. Pat	apsco five.,				

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST DECEASED NAME 20. DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED CHARLES ROUNDTREE 25 19 84 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE 7d HOUR LAST BIRTHDAY PRONOUNCED 8:12 DEAD 1984 BIRTHPLACE (STATE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED [ Baltimore City IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 1035 N. Gilmor St. Baltimore AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 13d INSIDE CITY LIMITS? akimone IL FATHER'S NAME MIDDLE LAST IN U.S. ARMED FORCES? CIAL SECURITY NO (IF YES, GIVE WAR OR DATES) YES, NO. OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a). D BE USED AS A BENT OF HEALTH A D BURIAL, CREW 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FICATE, WRITING THE WORE FORWARDED TO THE CHI TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O YES [ 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DR TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WITH THE STATE DEBALTIMORE, MARYLAND, 21201 PI AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Notural causes X death resulted fram: Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant 12-26-84 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAMI M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. Ann TYPE OR PRINT 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. 156 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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TO FUNERAL DIRECTOR: Afte

MPORTANT: If Hem 21 is mork should be detoched for use as with the State Dept of Health

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 236. DATE Cremation 1/2/1985 24 FUNERAL DIRECTOR

22a.1 certify that (1) (this hospital) attended) the deceased from

2

23c. NAME OF CEMETERY OR CREMATORY

30

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN [

23d LOCATION
CHYORTOWN
Baltimore City, Maryland

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF

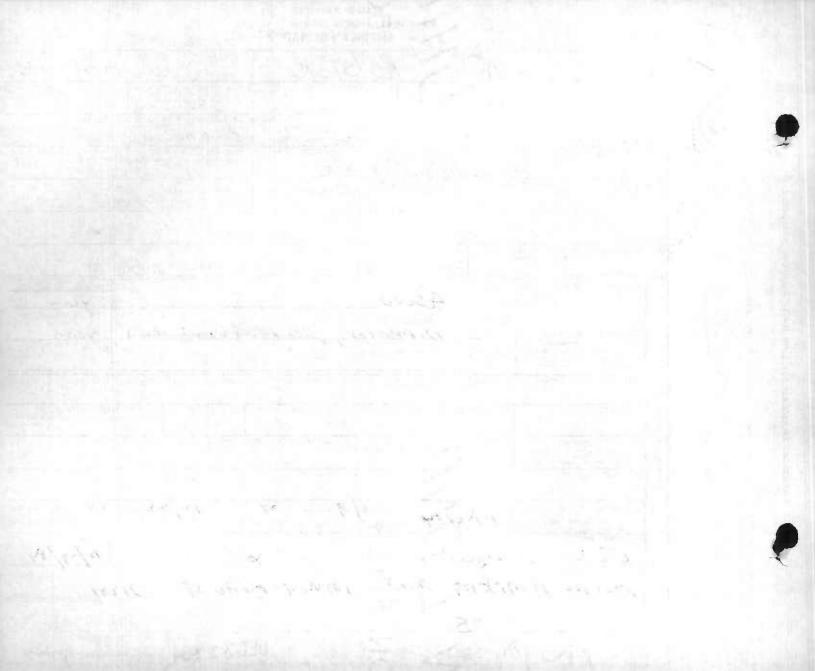
that (I) (we) lost

Green Mount Cemetery

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Walter Brooks Bradley Inc. Balto., Md. 21222 whia Davidson-Randalle 12 3 C Ed 10 185 WAK IN IT OF SE at major Hopel Burner HOUSELLEN CON (MATERIA) WAS ALLEN WAS Cardine worky brains Harris I Robert Johnson

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2e. DATE OF DEATH MONTH 2b HOUR DAY YEAR 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE I IN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR 7a. BIRTHPLACE ISTATE OR FOREIGN WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OUNTRY Himore WIDOWED I DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Balto. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13ª STATE 13b. COUNTY 113c. CITY OR TOWN 13e STREET ADDRESS 113d. INSIDE CITY LIMITS? 764 Edgewood St. 21229 Md. Balto. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 1 te MIDDLE LAST FIRST MIDDLE Elizabeth John Flemings Boyd In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) medi LIF YES, GIVE WAR OR DATES) Minnie Laney 764 Edgewood St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate other couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 ony bee 9a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? burial-tronsit pe Mental Hygiene NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL [ IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ò 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION õ the bud (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY morked STATE NOT WHILE WHILE AT WORK AT WORK 220:1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated saw the deceased alive onabave, (I) (we) (did) (did nat) view the bady after death DIRECT 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING \* MEDICAL STAFF FUNERAL ORTANT: PHYSICIAN DIRECTOR PHYSICIAN be St 22d. PHYSICIAN'S NAME LTYPE OF PRINTS 22e ADDRESS ould b 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION I SPECIFY Roanoke Rapids Burial Family Plot 24. FUNERAL DIRECTOR D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 1101 E. North Ave, March F/H (VRA 15 (4)) Tuna Daydson



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

tho 57	may	4	25.00	
V	5	-1	/	6
REG. NO.	-		- 1	V

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	1 / 6	
		CEASED NAME FIRST	MIDDLE		1	AS1	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	11002	m.M.	Lot	5	KW	binstein		12/	1/84	710am
	1.50		RACE		DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
J	1	FEMALE	ay,	HITE	12	109/21	62	YRS	MONING DATS	MIN.
8		RIMPLACE (STATE OR FOREIGN	6 CITIZEN OF WHA		MARRIE	NEVER MARRIED	BALTIMORE CITY	OR COUNT	Y OF DEATH	
1		NEWYORK	U.	S # 1	VIDOWE		4	13A 1+	IMORE	CITY MD.
3	III CI	TY OR TOWN OF DEATH	I NAME OF HOSE	ITAL, NURSING	HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND OF	BUSINESS OR
1	A	BALTIMORE /	Unive	nsity/	1054	) i.	Housew	IFC	OWN	tome
1	Ja S	AL RESIDENCE (IF NURSING HOME OR CONTACT MEDICOUN)	TY 136.	RESIDENCE BEFORE AD	MISSION)	13d INSIDE CITY L'MITS?	13e STREET ADDRESS.	/ ZIP COD	E. 21	208
1	1		IMORE P	Kesvill	ف	YES NO X	1 SlAde A	he,	APT 20	6
5/	7 FA	THER'S NAME FIRST	NODIE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE			
16		Mae Ad	lerman	C7. III.		1,05€			WH	ITE
5		VAS DECEASED EVER IN U.S. ARA YES, NO ORUNKNOWN) (1F YES, GIVE	MED FORCES? 16b	SOCIAL SECURIT	YNO.	17. INFORMAN HUSBI		ESS	ME AS#	12
И	-	No -	/	11-18-4	301	MARTINAKU	BINSTEIN	241		
		11 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y ane cause per line	lar (a), (b), and (	1.1	- 1	40	2	BETWEEN O	NATE INTERVAL NSET AND DEATH
			CAUSE 10)	andiop	20./1	nohom the	creed less	a/18	21.	
		The state of the s	DUE TO, OR AS	A CONSEQUEN	CE OF		-		1	
		Canditions, if any, which gove rise to immediate	( 1b) 59	Lapho as		ell Carcino	mcu-lor	nque	trimo	ury
		couse (a), stating the	DUE TO, OR AS	A CONSEQUEN	CE OF				0 12.50	
		underlying cause lost.	( (c)							
	2	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTR	IBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	IDITION GI	VEN IN PART 1:a	
-	TIO	90 DATE OF OPERATION	The coupling	FORMUCIO	T D A T I O		TeaTORSY2	1004 JE VE	C MEDE ENIDA	
1	CERTIFICATION	140 DATE OF OPERATION	196 CONDITION	1 FOR MHICH OF	ERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING FYING CAUSES (	OF DEATH?
	BRTI	DI ACCIDENT WAS HADERWARD	211 1115 05 111	HIDV		Tal. How himpy occupan	YES NO		ES 🗍	NO 🗆
0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	MONTH DAY	YEAR	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.		19					
9	MED	21d INJURY OCCURRED	21e PLACE OF IN	NJURY ACTORY OFFICE, FARM	ETC)	211. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
		AT WORK			,			1/	01/	
		220 I certify that (I) (this haspite saw the deceased alive on_	al) attended the dec	readed from	1	11/30 19 84	_, to	///		hat (I) (we) lost
74		abave, (1) (we) (did) (did nat	view the bady after			nd that in (my) (aur) apinian di	eath occurred an the d	ate and had		
Н		22b. SIGNATURE	MN			DEGREE  ATTENDING	MEDICAL STA	FF	22c DATE S	IGNED
+		226. PHYSICIAN'S NAME (TYPE OR	111)			PHYSICIAN 1	DIRECTOR PHYSI	CIAN D		
		220. PHISICIAN S NAME (TYPE OR	PRINT				+ Noc	5		
		Henry UI	Megita			anjuers				
	230. B	BURIAL, CREMATION, REMOVAL	23b. DATE / = /0			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STAIL
	74 5	DURIAL	12/3/8	7 100	ose	VELT CEM.	Kooseve		Mercer	. N.J.
	24 FL	INERAL DIRECTOR E.BA	RNES	ADDRESS	21	1018   250 DATE	REC'D. BY REGISTRAR	186 REGIS	HARRIS SIGNATU	REAL
	100	FLEMING FU.	NERALSI	EKVICE	De	NSON, MD DFC	5 904			

DHMH - 16 60M 7/B4 (VRA 15, 4)

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elordel 12/18/1984 Nd. Netionel Har. F. Leurel. Heryland Hutter & Bone 2501 Chynne Balle Parkesy Ernrel Home Inc. Baltimore, Northwell 12216

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- 1		REGISTRAR				CERTIF	ICATE OF DE	AIII	RE	G. NO.		LINE.		
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	( TYPE	OR PRINT)	ESTI	<b>IER</b>	C.	RI	JSSELL			12	5	84	10:0	<b>05</b> 1
	3. SEX			4. RACE		S. DATE C		YEAR	6. AGE (IN YEARS L	ST BIRTHDAY)	MONTH	DER I YEAR	IF UNDER	R 24 H
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4	7a. BII	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.	D NEVER MA		9 BALTIMORE CI			EATH		
35	Ma	ryland		U.S.A.		WIDOWE	-	RCED	BALTI	MORE C	ITY.			
		TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN			UTION	120 USUAL OCCL	PATION OF WORKIN	12	L KINDO	F BUSIN	ESS
12	<b>BA</b>	LTIMORE	3 15	VA MEI	ICAL CENT	TER BA	ALTIMORE	, MD	Eeautic	ian	O LIFE I	Baau	ty Sh	10
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35		aryland	130 0001		Baltimo			10	3011 W.			212	16	
•	14 FA	THER'S NAME	-6-6	MIDDLE	LAST		15 MOTHER'S N		ME MID		04/10	LAS	T	
20		Romeo		WINDER CO.	Chesley		Em		Mile		C	rawfo		
9 /		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMAN	ī	A	DDRESS	13			
1		Yes	WW 1		220077	7168	Rudolph	n Russ	ell-3011	W. No	rth /	Ave.	21216	5
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), on	d (c).)					T	APPROX BETWEEN	MATE INTE	RVAL D DE A
		PART 1. DEATH W	AS CAUSE	D BY	PNEUMOI									
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		underlying couse	-		RRHOTIC									
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lory.	Z	PART 2. OTHER SIG	VIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN	I PARI 10	٥	
	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	AED	200 AUTOPSY	20b. IF	YES, WE	RE FINDIN	NGS USE	D
9	IFIC								YES T NO		YES T	CAUSES	OF DEA	
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9		OR CONTRIBUTING	_	110110 4		AY YEAR	110 110 11 1100	NI OCCOR	LEWISK WATORS C	T HADORI HATTEM	10 PART I	28 F CH 1 2 )		
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ō	ED	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARA FIC )	211 LOCATION		CITY	ORTOWN		OUNTY		STATE
b b	2	AT WORK AT WO	HILE	, , , , , ,	act, the folia, of the , .		45.01							
				tal) attended th	ne deceased from	NOUTA	(DED 11	10 04	DECEN	BER 5	10	84	that (I) {	(we)
2		220.1 certify that X	ed alVVV	DECEM	RED 5 19	Q4	nd that in VoV.) (a	ur) opinion (	death accurred on	the date and	hour and			
7 E		sow thatdeceos	didi foo fa	I view the cours	offer South	•		o., op		THE GOTE ONG				
e e	-	12b. SIGNATURE	0	1/1	1111		DEGREE					22c. DATE	SIGNED	/
		- selon	ment.	19thm	ellm	0		YSICIAN [	MEDICAL DIRECTOR PI	STAFF		17	17/	8
Z		224. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e ADDRESS				-	-	-/-	_
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			nec		elin				RAVEN BI		TIIN	MORE,	MD	
	23a. 8	URIAL, CREMATION	REMOVAL	236. DATE	230.1	NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION		COL	UNIY	-	STATE
	C	remation		12/8/	1984 Se	curit	v Proces	s Cre	m. Catons					id.
	24 FL	INERAL DIRECTOR						250 DAT	E REC'D. BY REGIS	TRAR 256 REC	ISTRAR'S	SSIGNAT	URE	
33		NAME			ADDRESS 2	501 G	hamne				E . 1	1/2	ando 86	2

Nutter & Sons Funeral Home Inc. Falls Pkys

DHMH - 16 50M 4/83 (VRA 15, 4)

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etained by the hospital or attending physician TO HOSPITAL OR ATTENDING PHYSICIAN:

June 10. 1920 m 64 On Myrsile 0 2 2 32 3011 . November 1215 rel n 3 anoi: 22 400 200 Budol h Kussell-3011 N. Horth Ave. 61210 12/4/18 con the roots Cent. Ctrrey 1.0 to. Co. M.

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

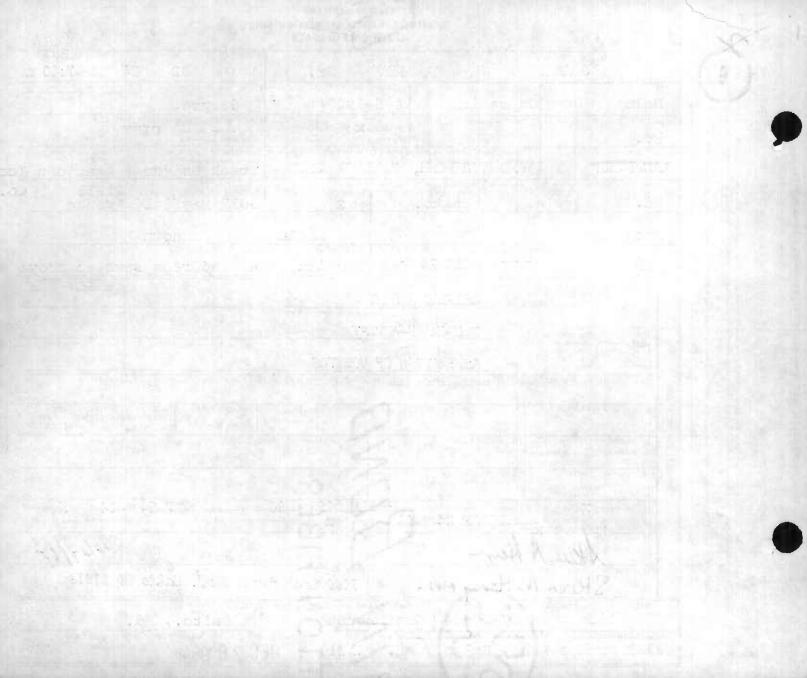
- STATE REGISTRAR				CERTIF	ICATE (	OF DEATH	3 -1	REG. NO.	0 1	-		
I. DECEASED NAME	FIRST		MIDDLE	l .	AST		2a. DATE OF			YEAR	2b HOU	
	JOSEPH		3	RYAN		Sr.	1.030	12	24	84	7:00	) a <sub>m</sub>
3. SEX		4. RACE		5. DATE C		AY YEAR	6. AGE (INY	EARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER	24 HRS
Male		Caucas	ian	4-5	-192	Ó	64	yrs.	YRS.		I CONS	711114
70. BIRTHPLACE (STATE OF	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	n 🕅 NEV	ER MARRIED		RE CITY OR CO		EATH		
Md.		US	A	WIDOWE		DIVORCED [	BALT	IMORE '	CITY			MD.
10. CITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN			INSTITUTION		OCCUPATION K FOR MOST OF WORK		L KIND O	F BUSINE	SSOR
BALTIMORE		VAMC BA	ALTIMORE,	MARY	LAND	21218		k Drive			rica	n I
USUAL RESIDENCE (IF NU 130. STATE Md.	13b COUN		I30. CITY OR TOWN Balto.		13d INSI	DE CITY LIMITS?		ADDRESS / ZIP		2121 Aven		Co
14 FATHER'S NAME		MIDDLE	LAST	MIN E	15. MOTH	HER'S MAIDEN NA						
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160 WAS DECEASED EVE			16b. SOCIAL SECU		17 INFO			ADDRESS				200
Yes no or unknown)	(IF TES, GIV	WWII	212 14	3443	Har	riet Ry	an a	address	san	ne a	s ab	ove
IB. CAUSE OF DEA	TH (Enter on	ly one couse per	line for (a), (b), on	d (c )	4						MATE INTER	VAL
PART I. DEATH		D BY: E CAUSE (o)	CARDIAC ,	ARRES7	Г							
Conditions, if on gave rise to in couse (a), state underlying couse	nmediate ing the ie last.	(c)	PULMONAR!  R AS A CONSEQUE  ASPIRATION  ONTRIBUTING TO	ON OF	VOMI		NNAL DISEASI	e or conditio	N GIVEN II	N PART 1	0	
190 DATE OF OPERA	ATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PE	RFORMED	200 AUTO		IF YES, WE			
HILL IN THE STREET							YES 🗌	NO	YES [	CAUSES	NO [	
	CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	21¢ HO	W INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITI	EM 18 PART 1	OR PART 2)		204
21d. INJURY OCCUI	RRED	218. PLACE	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC.)	211. LOC	ATION		CITY OR TOWN	(	OUNTY	\$1	TATE
220.1 certify that X saw the decea abave, (1)(we) 22b. SIGNATURE	sed alive an	ol) attended the DECEME	RER 21 19	84, or	MBER nd that in I	25, 19 <u>84</u> (100) (aur) apinion (		ECEMBER of on the date an	d hour and			
1	kur/	Her	_		100 400		MEDICAL DIRECTOR	STAFF PHYSICIAN	3.1	12/2	4/8	4
	even	A 1	y mn.		390	0 Loch Ro	aven Bl	lvd. Bal	to MD	212	18	
230 BURIAL, CREMATION Cremation	n	23b. DATE 12-2	6-84 G	reenr		OR CREMATORY	23d LOCA CITY Ba	alto.,	Md.	INTY	51	TATE
333T Brel		deral ane, B		nc. Md.	212		EC 28	1984 g	egistrani wa Da			2.802

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remaye corbanyape with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remayal.

IMPORTANT: If Item 21 is marked ar Item 18 shows ony



injury, ar ather troumatic event, th

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	-	-	
		CEASED NAME FIRST	MIDDLE	·	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	(TYPE	ORPRINT) Frank		Sabat:	ino	December	9, 1984		3:30	A
	3. SEX	х	4. RACE	5. DATE C		6. AGE (IN YEARS LAST B	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UN MONTHS DAYS HOU			HRS MIN.
		Male	White	May		77	YRS.	NS DATS	HOURS	Artis.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY	_	DEATH		
5		Md.	U.S.A.	WIDOWE		Baltimor	e City			MD.
0		ITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NU Maryland Ger			120 USUAL OCCUPAT	OF WORKING (IFE)	NDUSTRY	Balto	
0	USUA	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE B	BEFORE ADMISSION)				ty V	Vater	De
5		Md. 136 COU	- Balti		13d. INSIDE CITY LIMITS?		yon Ave	2. 2]	1213	
0	14 FA	ATHER'S NAME FIRST  Mariano	MIDDLE Sabati		IS MOTHER'S MAIDEN N	WIDDIE	ı	Musot	to	
		WAS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT	ADDR	ESS	· .	-mo	
		YES, NO OR UNKNOWN) (IF YES, GI	214-03	3-0323	Estella S	abatino (	wife)	addr		
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b	ond ich	ry Arrest	1 2 2 3		BETWEEN	ONSET AND DE	EATH
			TE CAUSE (o)	Julinoila.	ry milest					
		A CHARLES AT A CO.	DUE TO, OR AS A CONSI	EQUENCE OF	art Failure					
		Conditions, if any, which	(b)	77.40 770	ar o razzaro					
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONST	EQUENCE OF						
			(c)							
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COI	NOTION GIVEN	IN PARI III	ъ.	
-	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W			
1	Ħ					YES NO	IN CERTIFYIN		NO [	19
	GR.	210, ACCIDENT WAS UNDERLYING		DAY VEAD	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I	OR PART 2)		
	AL	OR CONTRIBUTING CAUSE OF DE		DAT TEAK	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR T	OWN	COUNTY	STA	ATE.
	8	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)						
		220.1 certify that 30 (this hosp	ntal) attended the deceased fr	Novem	ber 12 19 0	+ Decemb	er 9 19	84.	that I (we	e) fost
	-	sow the decrosed alive or	December 9	19 84 . 01	nd that in my (our) apinio	n death accurred on the	date and hour on	d from the	couses state	ed
		226. SIGNATURE	A 1		DEGREE			22c DATE	SIGNED	7
		108	audhu		ATTENDING PHYSICIAN	MEDICAL STA	ICIAN (X	12/	19/84	
		P. J. Sandh	OR PRINT)		22e ADDRESS					
	01	1. U. Sallall	u, n.D.		c/o Mary	land Genera	al Hospi	tal	2114	
		BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		DUNTY	STA	115
		(SPECIFY) Burial	12/12/84	Garden	ns of Faith			ACCOUNT TO	SIA	Md
	24, FL	UNERAS Chimunek	Funeral Home		25- D	ATE REC'D. BY REGISTRA		SSIGNAT	URE	
		3331 Brehm	s Lane Balto	o. Md.	21213	U 1 2 1984	Proling Pro	12500-	fandkes	

DHMH - 16 50M 4/83 (VRA 15, 4)

De 18 SANCE X 199 SALES AND SALE

## CALLEN SADLER 4 RACE 5 DATE OF BIRTH 3 SEX MONTH DAY a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? (STATE OF FOREIGN MARRIED WEVER MARRIED COUNTRY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPKINS HOSPITAL BALTIMORE RICHARDSON 1., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMIT YES T NO 14 FATHER'S NAME 15 MOTHER'S MAIDE FIRST MIDDLE FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY tine PER MR I W. PRESTON ST. IMMEDIATE CAUSE (0) corban ö DUE TO, OR AS A CONSEQUENCE OF offe Canditions, if any, which 10 pulmonana gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last by NON-MED DR SMITH DIVISION OF VITAL RECORDS, 201 5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION prior 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED Mental Hygi 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OF 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER P.M 19 20 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE, FARM ETC ) NOT WHILE AT WORK 220 I certify that (1) (this haspital) attended the deceased from 330 pm 12/2/84 FUNERAL DIRECTOR: If Hem 21 is 12sow the deceased alive on. and that in (my) (aur) ap should be detached far with the State Dept. of 1 abave, (I) (we) (did) (did not) view the body ofter death. 226. SIGNATURE DEGREE S ATTENDI K PHYSIC1/ MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS RELEASED MICHAEL DROSSNER MD 0 23a, BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATO 23b DATE BP 14 FUNERAL DIRECTOR

FIRST

MIDDLE

FOR

REGISTRAR

DECEASED NAME (TYPE OR PRINT)

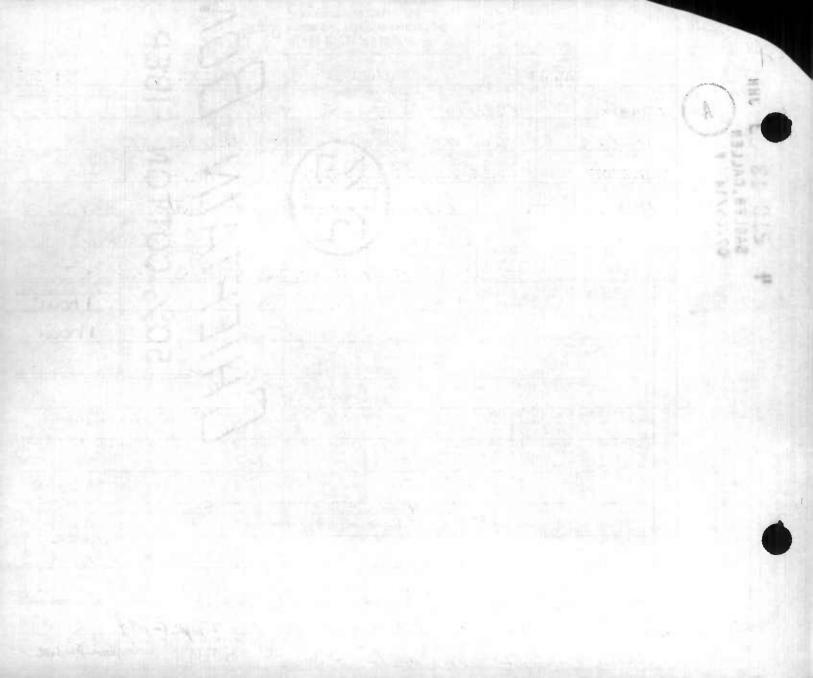
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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9,	REG. NO.	0 1	
	20 DATE OF DEATH MONTH DAY	YEAR	2b. HOUR P
	DECEMBER 2, 19	84	5:05 m
		UNDER I YEAR	IF UNDER 24 HRS
/	70 YRS.		
	9 BALTIMORE CITY OR COUNTY O	F DEATH	
P	BALTIMORE CITY		MD.
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND O INDUSTRY	F BUSINESS OR
	LABOR		-
S?	13e STREET ADDRESS / ZIP CODE	3/13	-31
VNA	411 CARIE	3/	
	MIDDLE Chis	bolm	T
2	ADDRESS		#
SR	ice 2/14 OR1	ense	ST,
		SETWEEN C	MATE INTERVAL
11	lation		hour
C	verest	11	nour
144	opathy	2	0
TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 110	
w	200 AUTOPSY? 206. IF YES, N	A/E DE EINIDIN	ICC LICED
		WERE FINDING CAUSES	OF DEATH?
CURE	YES NO YES		NO LA
	CITY OR TOWN	COUNTY	STATE
			31472
34	10 505pm 12/2 19	,	that (I) (we) last
inian (	death accurred an the date and hour a	nd from the	causes stated
NG .	MEDICAL STAFF	22c DATE	1.
N [	DIRECTOR PHYSICIAN	12/	2/84
10	Ife Street, Johns	Hopkins	Balt, M
ORY			
T.	Church Train to de	1	S. STATE
RAT	E REC'D. BY REGISTRAR 25 PREGISTRA	R'S SIGNAT	URE Randa DO



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFICATE OF DEATH

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	1 -	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.		Con Cin		
		CEASED NAME	FIRST	A	AIDDLE	l	AST		2a. DATE OF		DAY	YEAR 2	26 HOUR	-
3	TYPE	OR PRINT)	ANNA	T	ERESA	S	ALTIS			12	27 8	34	8:19	A
	3. SEX	(	113 12 11	4. RACE		S. DATE C			6 AGE (INY	EARS LAST BIRTHDAY	IF UNDER		IF UNDER 24 HRS	
1	1	FEMA	E	WHIT		06	02	13	71	YR			HOURS MIN.	
2	7a. BIF	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 Se	NEVER A	AARRIED -	9 BALTIMO	RE CITY OR COU	NTY OF DEA	TH		
1		ENNSY LVA	NIA /	U.	S.A.	WIDOWE		ORCED	BAI	LTIMORE C	ITY		MC	).
1	10 CI	TY OR TOWN OF E	DEATH		HOSPITAL, NURSIN		R OTHER INST	ITUTION		OCCUPATION K FOR MOST OF WORKIN		IND OF	BUSINESS OR	
2		ALTIMORE		ST.	AGNES HO	SPITA	\L			ESCLERK	O (IPE) INDO	STO	RE	_
1		AL RESIDENCE (# N	IURSING HOME OR		13c. CITY OR TOW		136 INSIDE C	ITY LIMITS?	13e STREET	ADDRESS / ZIP C	ODE			
2		MARYLAND	BALT	MORE	EDMONDS		YES 🗌	NO 🔀	1205	APT. I V	ALLEY	BROO	K CT. 21	122
7	M FA	THER'S NAME		MIDDLE	HE IGH	rs -	15. MOTHER'S	MAIDEN NA	ME	WIDDLE		LAST		
1		FRANK		MIDDLE	MEDON		M	ARGARET	2	MIDDLE		MUS	IAL	
7		VAS DECEASED EV			166. SOCIAL SECU	RITY NO.	17 INFORMA		0 3 10-0	ADDRESS			21209	
4	(Y	(ES, NO OR UNKNOWN)  NO	(IF YES, GIV	E WAR OR DATES)	169-14-1	7946	RICHA	RD F.	SALTIS	2401 WI	LLOW	GLEN		
ì		18 CAUSE OF DE	ATH (Enter on	ly one cause per	line for (o), (b), one	dies.)					BE	APPROXIM	ATE INTERVAL	=
7	244	PART I. DEATH	I WAS CAUSE	D BY: E CAUSE (a)	acrite	Per	ral.	failer	1.0					
n		St. St.	WWW.EDW		R AS A CONSEQUE	NCE OF		0	TUNY		100		115.70.0	100
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		gave rise to	immediate	DUETO	R AS A CONSEQUE	NCE OF						Vi.		
		underlying ca		(6)	R AS A CONSEQUE	NCE OF								
		PART 2 OTHER S	IGNIFICANT (		ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR CONDITION	GIVEN IN P	ART lia		=
	CERTIFICATION			- A Y										
	CA	190 DATE OF OPE	RATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTO		YES, WERE RTIFYING C			
	TIL				1023 10				YES 🗌	NOM	YES		NO 🗌	
1		210. ACCIDENT WAS	- hants	110110 1	FINJURY M. MONTH DA	YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERNA	ATURE OF INJURY IN ITEM	18 PART I OR P	ART 21		
	SAL	(IF EITHER, NOTIFY M	_	iin i		19	10000			14.5000				
7	MEDICAL	216. INJURY OCC	URRED	21e. PLACE	OF INJURY	ARM FIC V	211. LOCATIO	N		CITY OR TOWN	COU	NIY	STAIE	
	2	AT WORK AT	WORK	(ATTIOME, STA	RET, FACTORY, OFFICE, F	ARM, ETC.)	45.33			,				
	30	220.1 certify that	(1) this haspi	tal) attended the	e deceased from_	12/.	26	19 00 12		2/27	19 0	Y , th	iat (I) (we) last	-
		saw the dece	eased alive an	1) view the bady	19_	\$4. ar	nd that in (my)	(aur) apinion	death occurre	ed an the date and	have and fro	am the co	auses stated	
		226. SIGNATURE	- / (ala) (ala lio	IT NEW THE BUOY	orier deam.		DEGREE				/ 220.	DATE SI	IGNED	
		m -	200	1.	0 -			TTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		12/:	27/20	
		226 PHYSICIAN'S	NAME (TYPE C	R PRINT)			22e ADDRES						1147	_
		Lee,	M001	nhee			St	. AS	nes	Hosp.				
	23a B	SURIAL, CREMATIC	N, REMOVAL	236 DATE	231. 1	NAME OF C	EMETERY OR	REMATORY	236 LOC/					=
	- (	BURIAL		12-31-	84 MI	EADOUI	RIDGE M	EM. PK		RIDGE HO	WARD		YLAND	
	_	JNERAL DIRECTOR	2	117-21-	04   111		1229			REGISTRAR 251 REC				-
		NAME			ADDRESS			U	C 2 4	man gun	a willian	107 101	- lo	

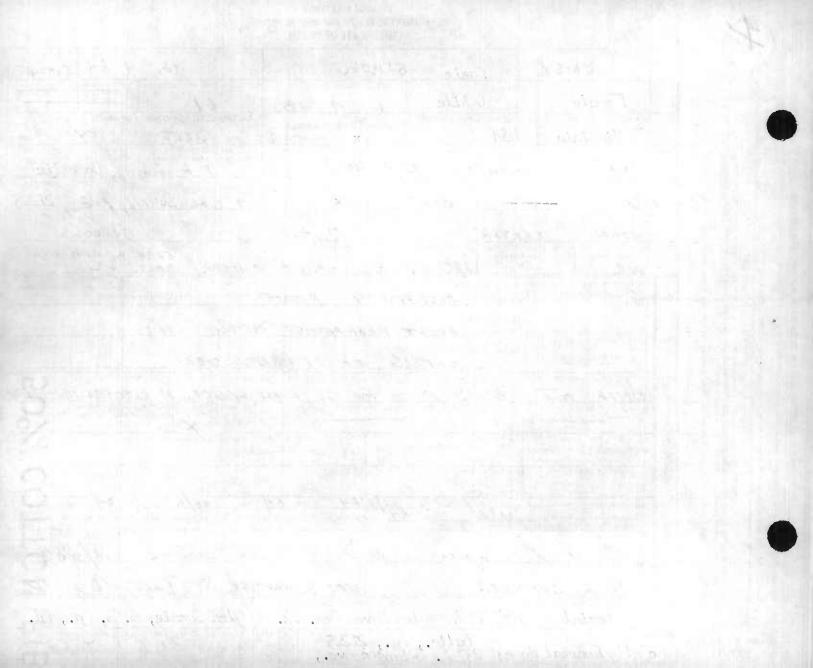
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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AND STREET						
			t	Jana Kara		
				Carl March 19		

			STATE OF MARYLAND		
CO	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYA	GIENE 3 3	8 3
(0)	I. DECEASED NAME EIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE OR PRINT) DALSY	Marie	SAMUEL	12	4 84 5:42 pm
s office	3. SEX Female	4 RACE White	S. DATE OF BIRTH MONTH DAY YEAR 19 23	6. AGE (IN YEARS LAST BIRTHDAY)  6 / YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
Pog dire	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH
deoth.	COUNTRY) Virginia	USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED 🔀 DIVORCED ☐	BALT.	CITY MD.
offer of the f	BALT.	(IF NOT IN SUCH EACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) ADDRESS) ADDRESS	(TYPE OF WORK FOR MOST OF WORKING LI	1 1
in b	USUAL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		
BALTIMORE, MARYLAND 2120  cole be executed within 24 hours yistion and completely filled in by opers. Pages 1 and 2 should be fill youl.  nt, the medical examiner must bear nt, the medical examiner must bear	136. STAPE 136. COU	ALT BALY	YES NO	13. STREET ADDRESS / ZIP CODE 9 WKSHBURN	
Muthin Marth	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	LAST
D du S	JOHN	CHRTER	BETTY		SCHOOLS
y xecu		RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS 5234	WASENA AVE
Poor a		NO 220142	876 SHIRLEY	YOUNGBAR BALT	MD
SALT ote l sicro ipers odl.	18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), one	d (c+)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy properties of the phy properties of	PART I. DE ATH WAS CAUS	ATE CAUSE (0) RESPI	PATORY ARREST		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST, ING PHYSICIAN: The low requires that the death certifur attending physician.  Wher this certificate has been signed by the otherding phas the burial-stronsh permit. Then please remove corbang the and Mental Hygiene prior to burial, cremation, or remained or term a lashows any injury, or other traumatic even orked or them lashows any injury, or other traumatic even		DUE TO, OR AS A CONSEQUE	NCE OF		
STC leat	Conditions, if any, which	( (b) ABULT		DESTREES SYND	
he o he o emo	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE		1	
W. cre	underlying couse lost.	DOE TO, OR AS A CONSCION	IS OR TRA	NSFUSCON	
201 es th	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER		/FN IN PART Ito
aur and sign sign sign sign sign sign sign sign		2 8			COHOLIC HEPATH
nit. I	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
C was the board of	F C	>			FYING CAUSES OF DEATH?
N: The lo vysicion. cote hos const per Hygiene Hygiene	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	
phys phys phys di-fror all-fror all-fror	OD CONTRIBUTION CALLED OF OF	HOUR A.M. MONTH DA	AY YEAR		
HYSICI/ nding p nis certifi buriol- I Mento or Item	(IE EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
PHYSI tending tending the buring Merind Meri	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE F		CITY OR TOWN	COUNTY STATE
NO TO	AT WORK AT WORK		11/5/	1 411	0.4/
Heo Charles	22a.   certify that (1) (this hasp sow the deceased alive a	pital) attended the deceased from_	ond that in (my) (our) opinion	death occurred on the date and hou	19 that (I) (we) last
ATTI Sprit d for d for n 21	obove, (I) (we) (did) (did n	ot) view the body after death.	, and marin (my) (doin) opinion	death occurred on the date and hou	
OR or he ho	77% SIGNATURE	.0	DEGREE	MEDICAL STAFF	Th. DATE SIGNED
ZAL Get of the Core	M. U.	Deunger	Me D. PHYSICIAN	DIRECTOR PHYSICIAN	12/4/84
HOSPITAL ined by the FUNERAL wild be det h the Stote	ZZEPHYSICIAN'S NAME (THE	CR PRINT)	22e ADDRESS		
0 - 0 - 0	M. A. DE	RINGER	3001 S. HAI	VOVER ST. GALT	- MD 21230
5 to 5 to \$ \$ \$	23a BURIAL, CREMATION, REMOVA		AME OF CEMETERY OR CREMATORY	23d LOCATION	4.0000
BP	(SPECHY) Burial	12/7/1984 91	en Haven Mem. Pk.	Glen Burnie,	1. A. Co., Md.
DHMH - 16 50M 4/B3	24 FUNERAL DIRECTOR	Balton	Md., 21225 250 DA	TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
(VRA 15, 4)	Mo ully Funeral	Homes 237 E. Pa	tansco Ave. DE	11 1984 Julia Da	widson-Randelle:



ner must be positied of ance.

IMPORTANT: If them 21 is marked at them 18 shows any injury, or ather traumatic event, the

	1-	FOR STATE REGISTRAR			DE	PARTMENT OF	TE OF MARYL HEACTH AND FICATE OF I	MENTAL HYG	GIENES	3 REG. NO.	3	i 8	6	
		CEASED NAME OR PRINT)	FIRST	MIDDLE LAST					20 DATE OF	DEATH M	ONTH	DAY YE	EAR 2b	HOUR
	1	OK PRINTS	John	hn		SA	SANDERS			12 28 84 4				
	3. SE	K	4	RACE			S. DATE OF BIRTH			ARS LAST BIRTHE	DAY)	IF UNDER 1	DAYS HO	NDER 24 HRS
		Male		Black			8 11 24				YRS	MOINTHS	DATS	UNS MIN.
~ ~		RTHPLACE (STATE OR F	FOREIGN 71	CITIZEN OF	WHAT COU	NTRY? 8	ED NEVER	MADDIED X	9 BALTIMOR	E CITY OR		OFDEA	тн	
10		Carolina		U.S.		WIDOV		NORCED [	Bal	timor	, a	tu		MC
9	10. CI	Balt. M	d.	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS) Provident Hosp.			OR OTHER INS				EEI INDU	STRY Abe	SINESS OR erdeer Grnds	
35	130. 5	AL RESIDENCE (IF NURS STATE Md.	13b COUNT		130 CITY O Balt	RTOWN	YES Y	NO 🗆		DDRESS / Z			ay 21:	215
	14. FA	ATHER'S NAME FIRST	MI	DDLE	ŁA	iST .	15. MOTHER	S MAIDEN NA	WE	MIDDLE			LAST	
90		John				anders	Nettie				Williams			
	16e V	VAS DECEASED EVER		GIVE WAR OR DATES)		SOCIAL SECURITY NO.		ANT		ADDRESS	681	Cour	ctland	dt Ave
	7	les	IWW	I	244-	26-6404	6404 Mrs. Clara			Ricks Bronx, New York				
	NO	Conditions, if ony, which gove rise to immediate couse lost DUE TO, OR AS A CONSEQUENCE OF underlying couse lost (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
9	CERTIFICATION	190 DATE OF OPERATION		196. CONDITION FOR WHICH OPERATION			ON WAS PERFO	N WAS PERFORMED 200 AI			IN CERTIF		INDINGS JUSES OF D	
9				HOUR A.	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I				PART I OR PA	RT 2)	HTT.
-	MEDICAL	21d. INJURY OCCURI	HAE	21e. PLACE (		OFFICE, FARM, ETC.)	21f LOCATE		Will be	CITY OR TOWN	4	COUN	114	STATE
		saw the decease												
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1		Sy	ed	Zaid	li		Pro	viden	t Hos	Spita	l B	alti	more	MD,
		SURIAL, CREMATION,		23b. DATE	101	23c. NAME OF	CEMETERY OR	CREMATORY	23d LOCAT	TION OR TOWN		COUNTY		STATE
	24 51	Remova.	L	12/29	7/84			125- D - 2	TE DE CID. BY DE	dicananlas	d pro-ss	to England	0.00.00	
	24 PL	NEKAL DIRECTOR					1	A AT ZON-DAT	E REC'D BY RE	PINERARIZE	B. KEGIS	KANISK	BNATURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

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Anatomy Board

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STATE OF MARYLAND

Male Hinds ry Air and a result of the res 900E Committee Leneviet altimore, haryl nd 21133533 Annieri Jr. Intriev nn Saincern Bultimon, Marind and i 1/3/1965 Reners Henorica Rener Mutant & Jons 2501 Grynns Palls Parkway Purceyal Home Inc. Maitimore, Maryland 22216 1 1 Mile

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

(SPECIFY)

Burial

- STATE

12-10-84 Holly Hill 1050 York Rd.

Baltimore 250 DATE REC'D. BY REGISTRAR 251 REGIST AR SEIGNA

CITY OR TOWN

22c. DATE SIGNED

COUNTY

YES [

YEAR

IF UNDER 1 YEAR

INDUSTR

Hardware Fair

Ant. 203

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

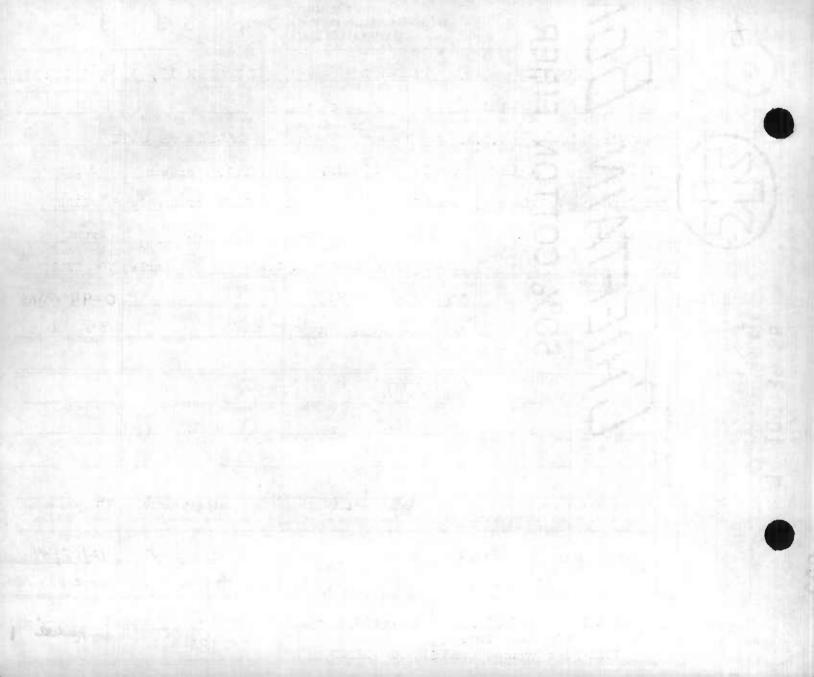
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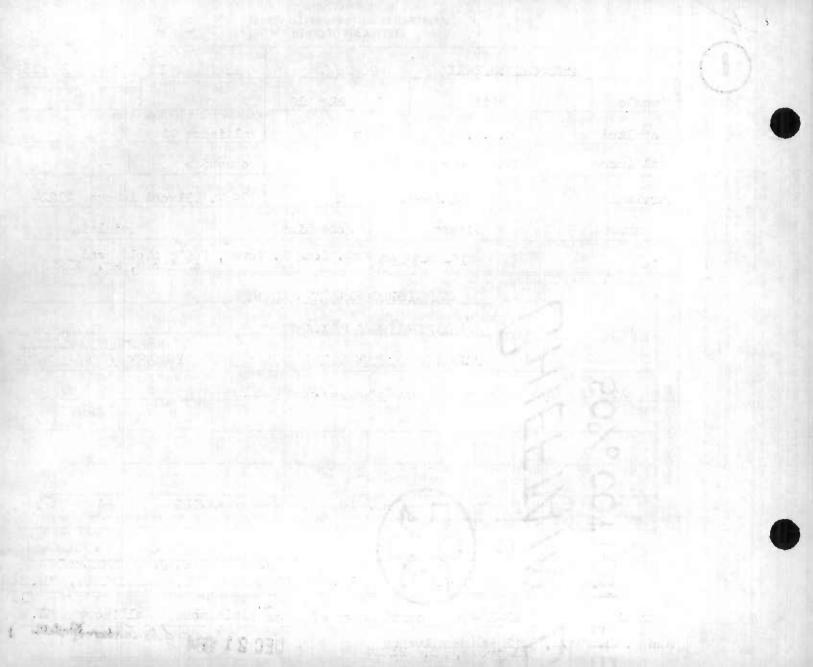
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINTS GOLDIE SAVAGE DECEMBER 15 1984 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR MONTH YEAR HOUR5 Female White 6 1923 BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED West Virginia WIDOWED DIVORCED T BALTIMORE CITY I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL C & P Tel. Operator 130 STATE 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore Dundalk NOKK 1955 Wareham Road 21222 Maryland 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST B. 0. Bleigh Prunty Jasper Lura 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRES 9808 Burke Pond Lane 236-20-5543 Burke, VA 22015 No Sandra L. Neal 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: arrest 0-44 mins IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF mtarction muscard Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 achercarde 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? none none NON YES . 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from. sow the deceased alive on December 18 obove, (I) (we) (did) (did not) view the body after death. 84 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL MUD PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Molina JOSEDN 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN Meadowridge Memorial 12/18/84 Burial Howard Dorsey Maryland 250. DATE REC'D. BY REGISTRAR 256, RECISTRARIES SOME PARTY 24 FUNERAL DIRECTOR Duda-Ruck, Inc. DHMH - 16 60M 7/84 (VRA 15, 4) 7922 Wise Avenue, Dundalk, MD



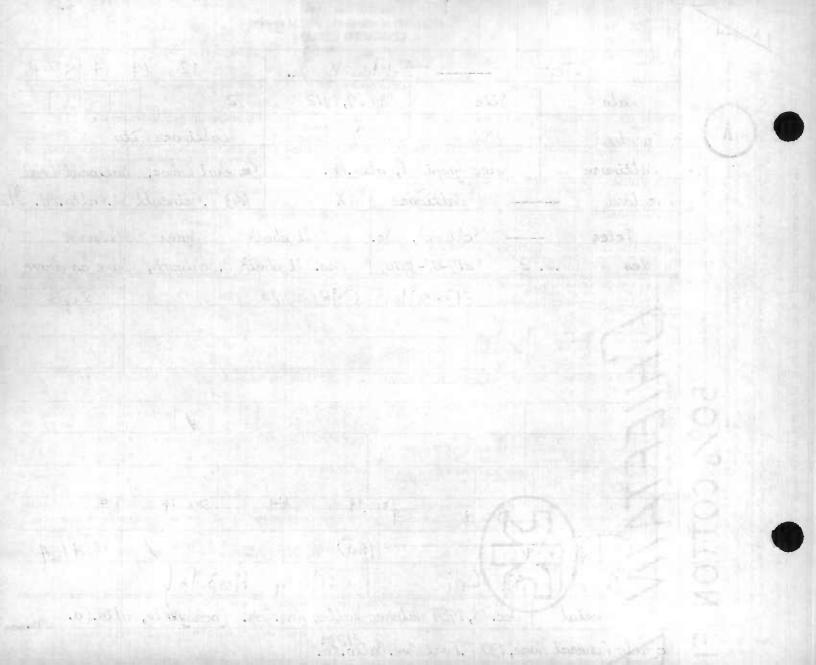
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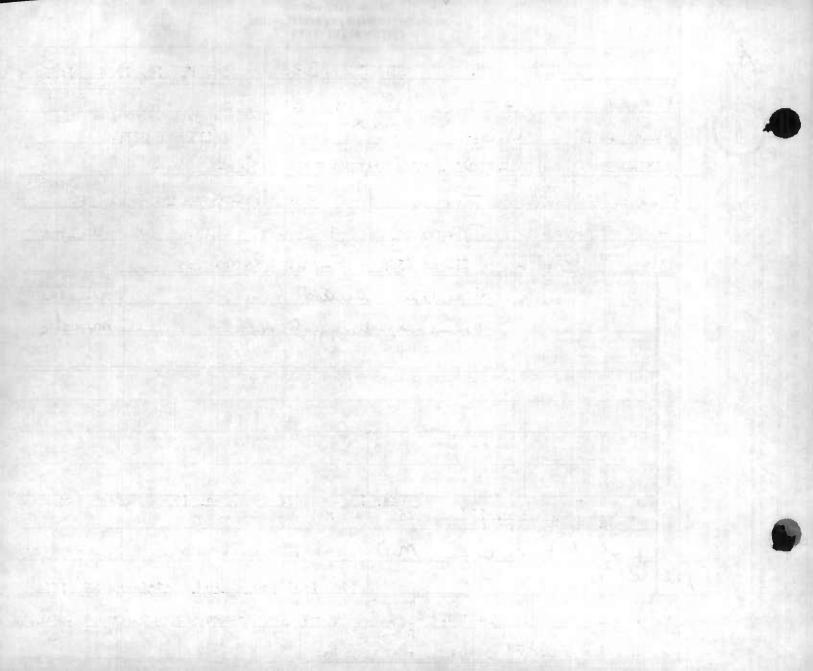
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20. DATE OF DEATH MONTE , DAY 7h HOUR C. ERMA LIYPE OR PRINTS 1984 10:25PM SCHELL DECEMBER AGE UN YEARS LAST BIRTHDAYS IF UNDER I YEAR 4 RACE 5 DATE OF BIRTH 3 SEX MONTH YEAR HOURS White 10 Female & BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWEDIX DIVORCED [ ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY Church Home Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 339 S. Ellwood Avenue 13a. STATE 13h COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 21224 Maryland Baltimore 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Heinlein Josephine Raymond Bivens 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7807 Harold Road Baltimore, Md. Mrs. Joan E. Gover. LYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST 216-09-3500D No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF RESPIRATORY FAILURE FAILURE Canditions, if onv. which gove rise to immediate HEART XEASKINIXEEX X cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CHRONIC OBSTRUCTIVE PULMONARY DISEASE /CONGESTIVE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IG CERTIFICATION ATHEROSCLEROTIC HEART DISEASE, HYPERTENSION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX NO [ 21a. ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TI CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 226.1 certify that (1) this hospital) attended the deceased from DFC 10. 19-84 to DEC16 . 19 84 that (1) (we) last saw the de cased alive an DEC 16 abave, (I we) (did did not) view the bady after death. , and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated 226. SIGNATURE 22c DATE SIGNED DEGREE PHYSICIAN DIRECTOR PHYSICIAN MPORTANI CHURCH HOSPITAL CORPORATION 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should be 100 NORTH BROADWAY, BALTIMORE, MD. 212 CAROL S. RAMSEY D.O. 23E NAME OF CEMETERY OR CREMAT CHEM 230 BURIAL CREMATION REMOVAL 23b DATE Baltimore Burial Baltimore 12-19-84 Sacred Heart of Jesus REC'D. BY REGISTRAR 25 PHAIS LABOR COM 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3 Ann S. Matthews, 3021 Eastern Avenue Baltimore, Md. 21224 (VRA 15, 4)



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10	1-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
2 E # E		CEASED NAME PETER	MIDDLE	Schlauch In.	20. DATE OF DEATH M	14 SA STOPM
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BP		Burial  Burial	Dec. 18, 1984 D	NAME OF CEMETERY OR CREMATORY Ulaney Valley Mem.		ille, Balto. Co. Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	Mc	Culty Funeral H	lome, 130 E. FADDRESS	Ave. Balto. 1230	TE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE

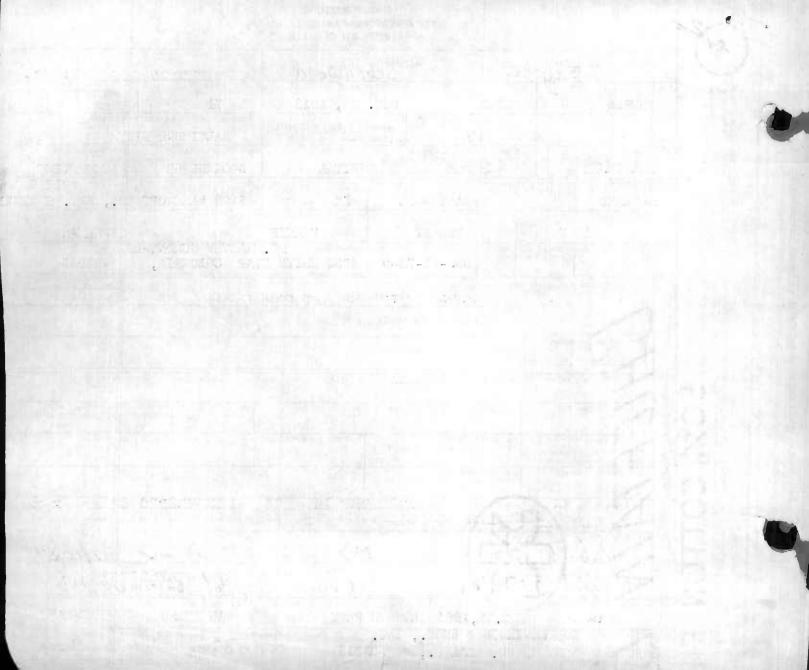


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  NG PHYSICIAN: The low requires that the death certificate the services of the ottending plants that carrificate has been signed by the attending plants the burial transfer permit. Then please remove corbord os the burial transfer prior to burial, creamform, or removed or them 18 shows any injury, or other transmotic events of the plants.		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART T OR PART 2)
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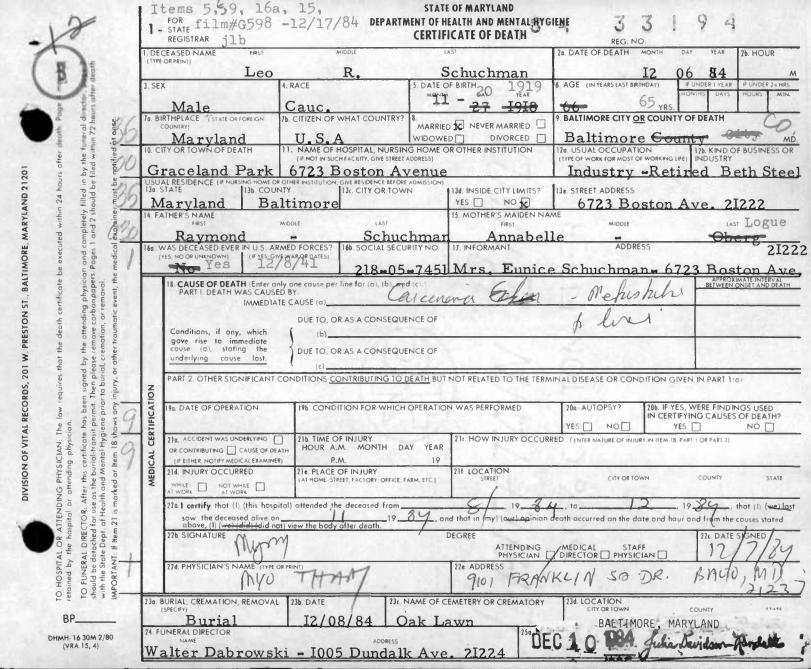
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STATE OF MARYLAND



STATE OF MARYLAND

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George J. Gonce 4001 Ritchie Hgwy Balto Md

FOR

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DHMH - 16 50M 4/B3

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL MYGIENE

CERTIFICATE OF DEATH

2b. HOUR

KAILROADS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

Sulia Davidson-Randalle

22c. DATE SIGNED

INDUSTRY

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7	1 -	FOR STATE REGISTRAR	DEPARTI is John Schu	CERTIE	EALTH AND MENTAL HYG	IENE S	3	9 6	
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2			E WAR OR DATES) 217-16		Mrs. Edna	Mae Schu	ssele-	1012	Marks-
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	7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (b) ISCHE  DUE TO, OR AS A CONSEQUE (c)  CONDITIONS CONTRIBUTING TO	MIC ENCE OF	LIGHTS D	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
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	24 FL	INERAL DIRECTOR Steri	ling Funeral AveCatonsv	Esta:	re, P. A. 250 DATE Md. 212280		256 REGISTRAR	SSIGNATU	jandale

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal. MPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other troumatic event, the

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR			HEALTH AND MENTAL HE	GIENE 3	3   9	9
I. DECEASED NAME FI	RST M	IDDLE	LAST	20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
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Maryland	U.S.A.	WIDOW	ED NORCED	Baltimore (	City	MD.
10 CITY OR TOWN OF DEATH		OSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		D OF BUSINESS OR
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Baltimore		gnes Hospital		Martheas		
		13c CITY OR TOWN	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
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226. SIGNATUR

22d PHYSICIAN'S NAME (TYPE OR DAMA)

KUFA 23b. DATE

20 DEE

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220 I certify that (1) (this hospital attended the deceosed from,

900 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

19 84

23d. LOCATION Pikesville

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

20 DE

and that in (my) ( opinion death occurred on the date and hour and from the causes stated

Baltimore Maryland

220 DATE SIGNED

230. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 

12-22-84 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728-Liberty Road Randallstown, Maryland 21133

Stone Chapel Cemetery

PAR 256 REGISTRAR SSIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

HOSPITAL OR ATTENDING

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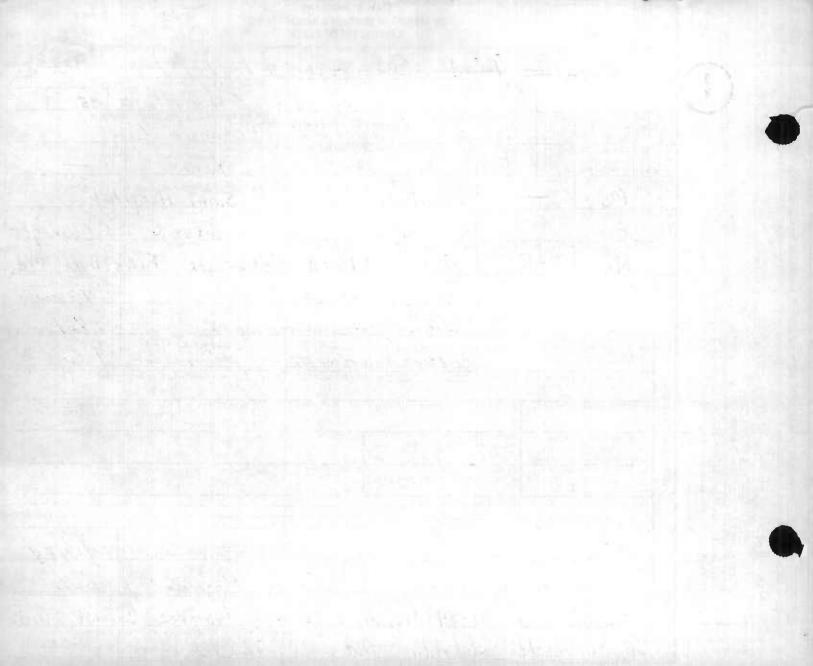
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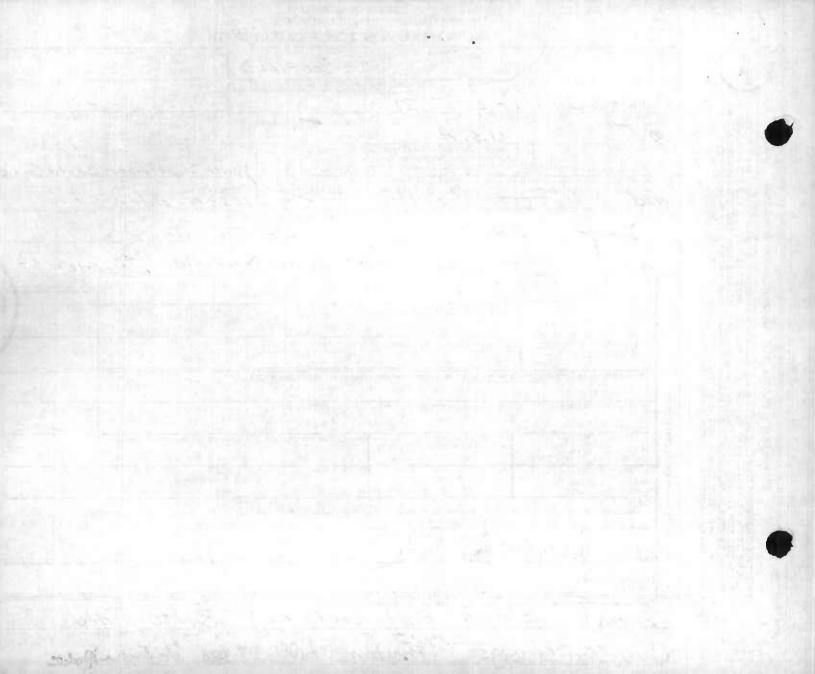
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH L DECEASED NAME 26 HOUR (TYPE OR PRINT) AGE/ IF UNDER 24 HRS 3 SEX HOUR5 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED and WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1 b. KIND OF BUSINESS OR (TYPE OF WORMFOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 138 COUNTY 13e.STREET ADDRESS / ZIP, CODE 13c. CATY OR TOWN 13d. INSIDE CITY LIMITS? 3Altomore YES A 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ NO Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN STEM 18 PART T OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE WHALE AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased from\_ \_, that (I) (we) lost saw the deceased alive on. , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL old be dete PHYSICIAN PDIRECTOR PHYSICIAN MPORTANT HYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION. REMOVAL 23b. DATE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 who Daydon-Mandala (VRA 15, 4)

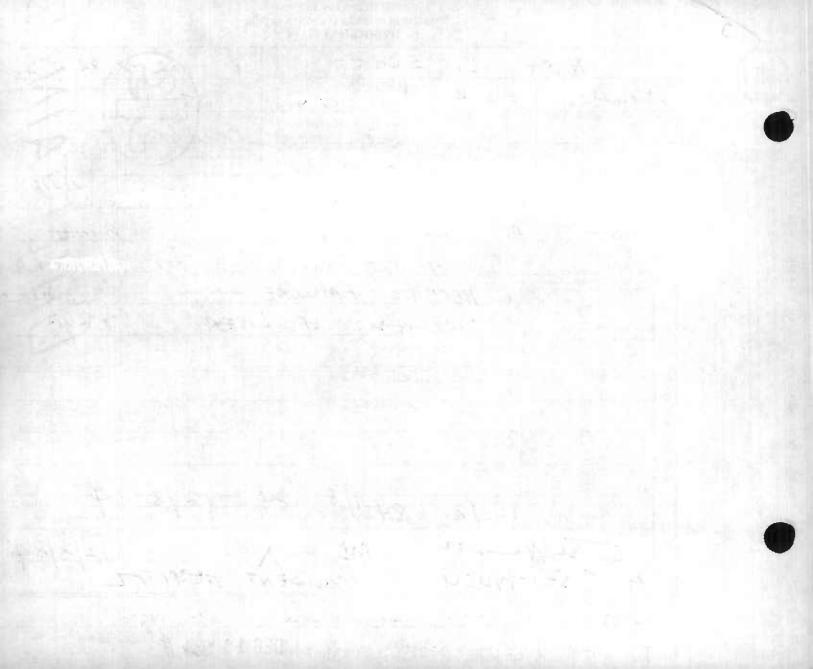


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X	(1)		DAN	A	DAVIS	ScofiEL	20. DATE KNOWN OF ESTI-	XX MONTH DAY YEAR 12-10-849	26 HOUR
-	18	1.5E)	1-0 "	MONTH DAY YEAR	LAST BIRTHDAY) MONT	NDER 1 YR. IF UNDER :	24 HRS 2c. DATE PRONOUNCED DEAD	12-10-84 <sub>9</sub>	2d HOUR 9:29F
	22 Z Z Z	74.40	RTHPLACE ISSUED	1 - 2 - 33	J/ YRS.		1 BALTIMORE CITY	OR COUNTY OF DEATH	19.2%
•	SAN	10	Mercanian	U.S. A	WIDOW		Baltimor	e City	MD.
	PAGE		altimore	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME, OR OTH EET ADDRESS) ton Street		120 USUAL OCCUPATION (T FOR MOST OF WORKING LIFE) Vouth Super	OR INDUST	
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23	大名前名の		ATHER'S NAME	ba	110.	YES NO		den st.	
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DIVISIO	ARPED 1 ARPED 1 AGE 3 SH ATE DEPA	MEDIC	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY		CATION	CITY OR TOWN	COUNTY	STATE
•	EDICAL EXAMINER: 17 ITE THE CERTIFICATE, 4 SHOULD BE FORW INEXAL DIRECTOR: DEATH WITH THE ST MORE, MARYLAND, 2	/	death resulted from Natur	re of the remains described above rail causes . Accident	e, held an Autop  , Suicide   M	Homicide TITLE (SPECIFY)	Undetermined monner  MEDICAL EXAMINER	DATE 12-11-84	1
	A SECULIA	20.5		rita A. Korell		ADDRESS 111 Pe			
07/84 25A4	BP 9.76	16	Burial		altimos	e Cem.	23d LOCATION CITY OR TO	, Md.	TATE
	DHMH = 17 (VR A15 ME (5))	14. F	Calvin B. Sci	ruggs 14/	Preston	SYDEC:		STRAR'S SIGNATURE	





FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- 1	REGISTRAR									
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2		.C	11.5-	A	WIDOWE		BAITIN	nore.	city	
8	10 CITY OR TOWN				NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND C	OF BUSINE
	BAITO		DEAT	FACILITY, GIVE STREET	(G3	CENTER	(TYPE OF WORK FOR MOST	OF WORKING L	(INDUSTRY	
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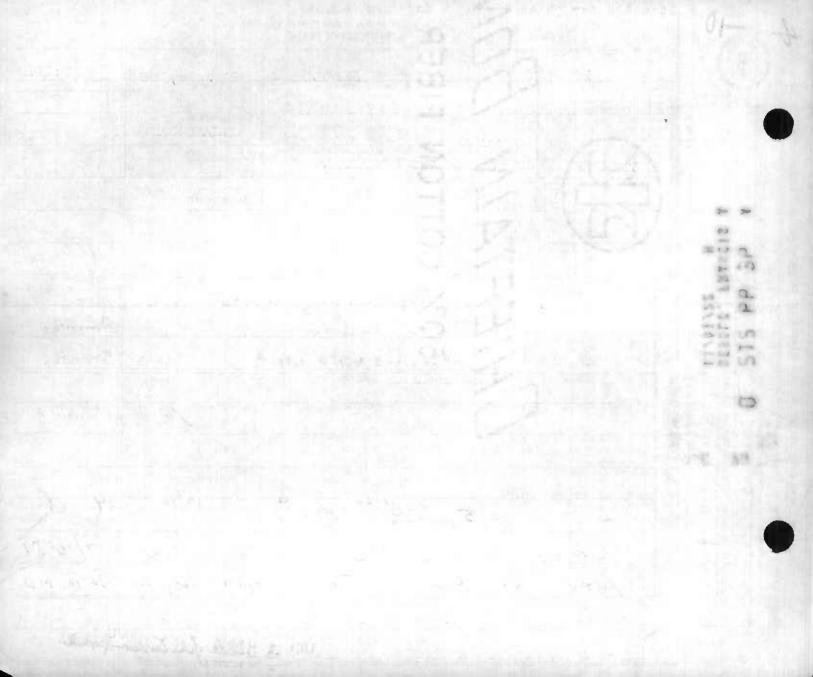
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Wm. C. March F/H 1101 E. North Ave.

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1 1	3 SEX		4 RACE		5. DATE C			EARS LAST BIRTY (DAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1 F 1/200	100	Male	White		Nov	1 1922		62 YRS		
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10	100	BALTIMORE	JOHNS	JOHNS HOPKINS OF HOSPITAL NURSING HOME OR OTH			PITAL ISONAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired Employee			ce Co
AND 21	30. S		or other institution JNTY Ipshire	Give residence before 13. CITY OR TOWN Greenspr	N.	134 INSIDE CITY LIMITS	unkr	ADDRESS / ZIP CODE	9	19999
MARYL MARYL	14, FA	THER'S NAME Francis	MIDDLE	Sebold,		is mother's maiden first Minr		WIDDIE	Ca	atlett
- F. F.		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT		ADDRESS		
	-	Yes N	WII	236-20-9		Mrs. Eva S	Sebold	Greensprin		
21. BAI		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	only ane cause pe SED BY: ATE CAUSE (a)	cleudio	Pulu	way	arrest		APPROX BETWEEN	ONSET AND DEATH
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	S NECESSARY, PLASE FUNERAL DIRECTOR. 5 FOR YOUR FILE. 5, WITHIN 72 HOURS	255		reign country) [aryland	1	U.S.A.		WID	OWED DIVORC		timore	City		
	IS N E FU ED,	₹ <del>-</del>	10 CI	TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL NURSI	NG HOME, OR	OTHER INSTITUTION	120 USUAL OCC	CUPATION DY	RETREMICAN 17th.	KIND OF BU	JSINESS
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	EATH. IF ANY DELVES 1, 2, AND 3 TO PM 3. RETAIN PAND 2 SHOULD BE	RECORDS.	USUA	L RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION GI	VE RESIDENCE BEF	ORE ADMISSION)				alls I L   Q	ITali	.10
21201	SET ANY	825		TATE [arylane	136. COU	NTY	13c. CITY OF	imore	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADD	oress Ailsa Av		21 21 /	
MD. 2	3. A	A -		THER'S NAME			Dalt	Illore	IS. MOTHER'S MAID		IIISa A	venue	21214	+
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2	CED A	E STATE DEPARTMENT OF HEAD, 21201 PRIOR TO BURIAL, C	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED?			12/	LAUTORSY	BNI VI
DIVISION OF VITAL	WORD WORD FE CHII	P. S. P.	TIF									(	YES X	NO [
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5	E, WRITING E, WRITING EWARDED PAGE 3 SH	ZOI SOI	×	AT WORK	NOT WHILE	SIREEI, FAC	ORT, PARM, ETC.]		SIKEEI	CITY OF	TOWN	COUNTY		STATE
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	MAYA	エフ		death results		urol causes X,	Accident	Suicide	Hamicide .	Undetermined		nd in my opinior	,	
	EXAMINE CERTIFICA ULD BE FC DIRECTOI	NRY!		Geam result	7	oloi cooses (ALL)	Accident L	. A	TITLE (SPECIFY)	Undetermined	manner,			
	2000	,¥		ACTUAL SIGNATURE		1 DEN MAN	neul	all)	M.D. Assistan	t	tailing.	DATE 12	2-11-8	4
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	TO MEDICAL EXAMINEXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOUR TO FUNERAL DIRECTOR	TIM		EXAMINER'S (TYPE OR PRI	NAME Mai	rgarita A.	Korel	I,M.D.	ADDRESS	nn Stree	L			
	52.45 5.45	BAE -	23a.B	JRIAL, CREMA	ION, REMOVAL	236. DATE	23c. NAA	AE OF CEMETER	Y OR CREMATORY	23d. LOCATION	7			
07/B4	BP			urial		Dec. 14,19			Cemetery	Parky		Balto.		TATE
25M	DHMH -	17		JNERAL DIREC			10	50 York		REC'D. BY REGIST		ISTRAR'S SIGN		
	(VR A15 M		Ru		son Fune	ral Home,			IDEA	1 7 109/	Julia	Davidson	Randale	2
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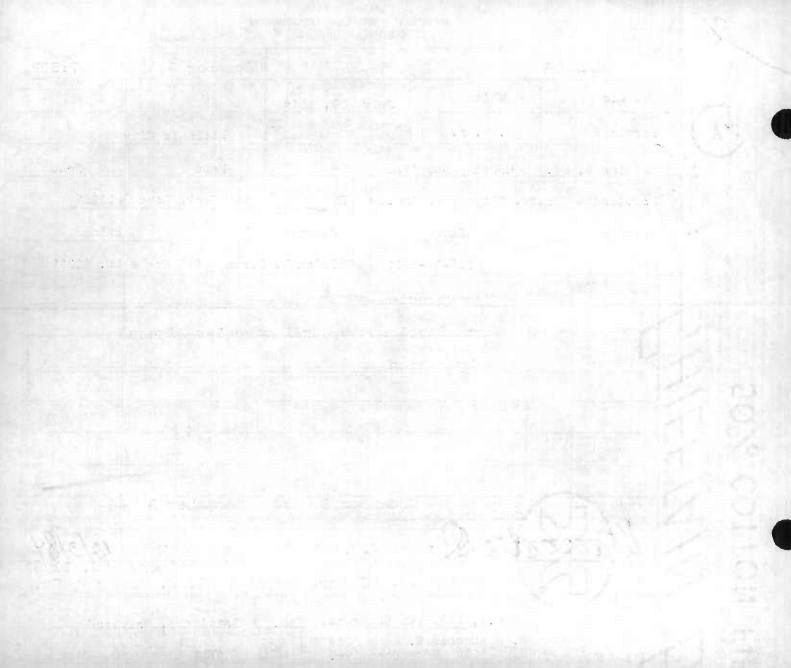
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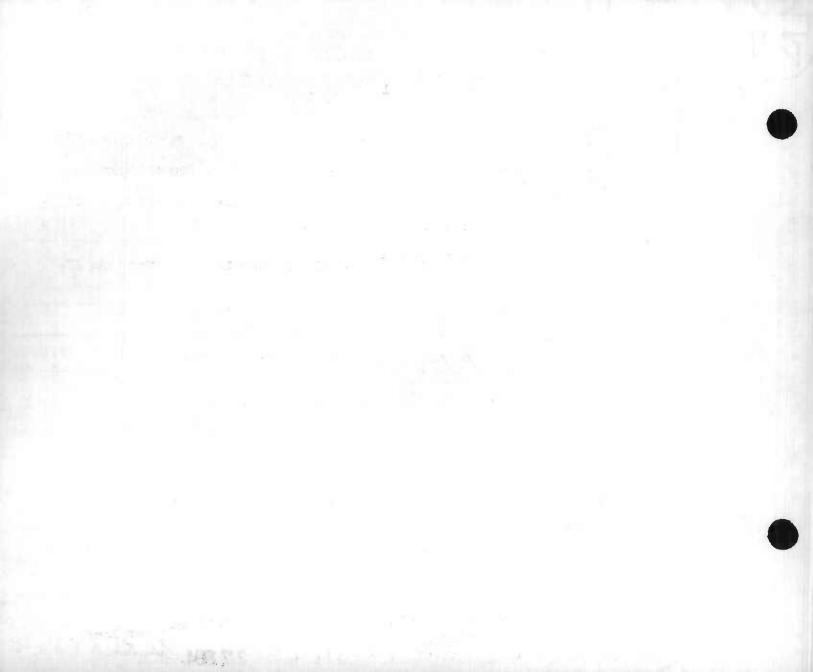
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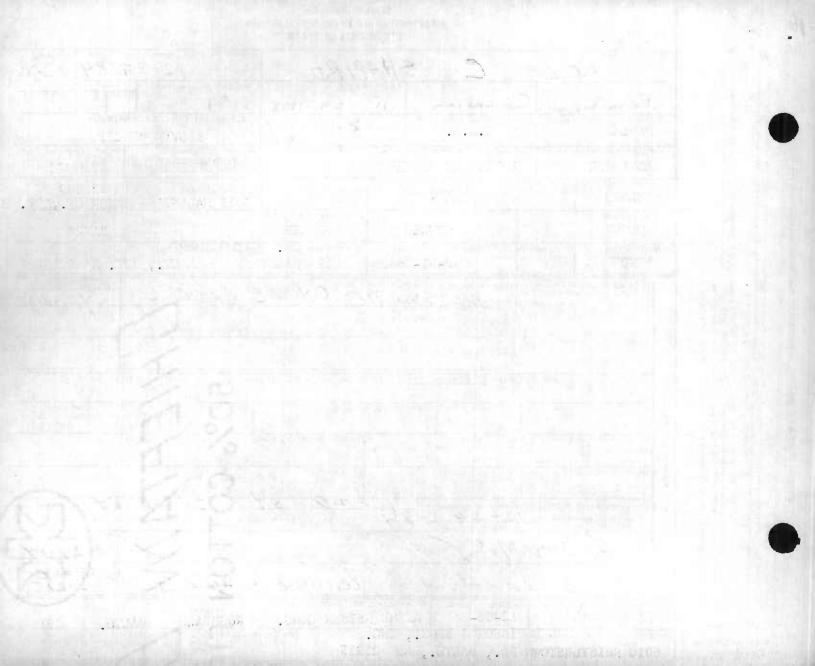
DIVISION OF VITAL

STATE OF MARYLAND





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a Ring					MIDDLE	SHA	PIRD	20. DATE OF DEATH		26 HOUR 3
ge 4 may [cectar pagers office the		3 SE		4 RACE	win	S. DATE C		6. AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
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n 24 hau , filled in hauld be	eq 35	MA	RYLAND	COUNTY	BALTIMO		13d. INSIDE CITY LIMITS? YES 1 NO	3011 FALLS		#21209 DR CT.,APT
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ond cor	e medical		VAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	059-07-			MORTON SHAPE STAFF MANOR (		E #21209
w requires that the death been signed by the attend mit. Then please remave ca rrior to burial, cremation, a	ony injury, or other troumo	CERTIFICATION	underlying cause li	oich ate the DUE TO, Coast. (c)		ENCE OF	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	20b. IF YES, WERE I	FINDINGS USED
The laverian.	hows	RTIFIC						YES NO	YES 🗌	AUSES OF DEATH?
ING PHYSICIAN: In attending physical After this certifical is as the burial-tran lith and Mental Hy	norked or Item 18 s	MEDICAL CE	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK	E OF DEATH HOUR A  XAMINER) P  21e PLACE [AT HOME. ST	.M. MONTH D .M. OF INJURY REET, FACTORY OFFICE.	19	211 LOCATION STREET	JRRED (ENTER NATURE OF INJUI	D.	NIY STATE
OSPITAL OR ATTEND ned by the hospital of UNERAL DIRECTOR: Id be detached for use the State Dept. of Hec	TANT: If them 21 is n		22a I certify that (I) (this was the deceased a charm, (I) (we)/(did) 22b. 5 (CNATURE) 22d. PHYSICIAN'S NAME	live on 12 - (did nat) view the bady	aftel death.	/	ATTENDING PHYSICIAN		22c.	that (I) (we) loam the causes stated  DATE SIGNED  2-24-84  LT, MORE
TO HOS retained TO FUN should b	IMPORTANT	22-	DV- B		- W/m	NAME OF C	LEVINDA/E EMETERY OR CREMATOR	Y 123d LOCATION	TR	21215
BP		196	BURIAL, CREMATION, REA (SPECIFY) BURIAL	12-26	5-84 A	NSHE N	NEISEN CONG.	ROSEDALE	BALTO	MD
DHMH - 16 50M 4 (VRA 15, 4)	_ /B2	24. F	UNERAL DIRECTOR SO	DL LEVINSON	& BROS.	, INC.		ALE REC D. BY REGISTRAR	256 REGISTRAR'S SI	IGNATURE DO



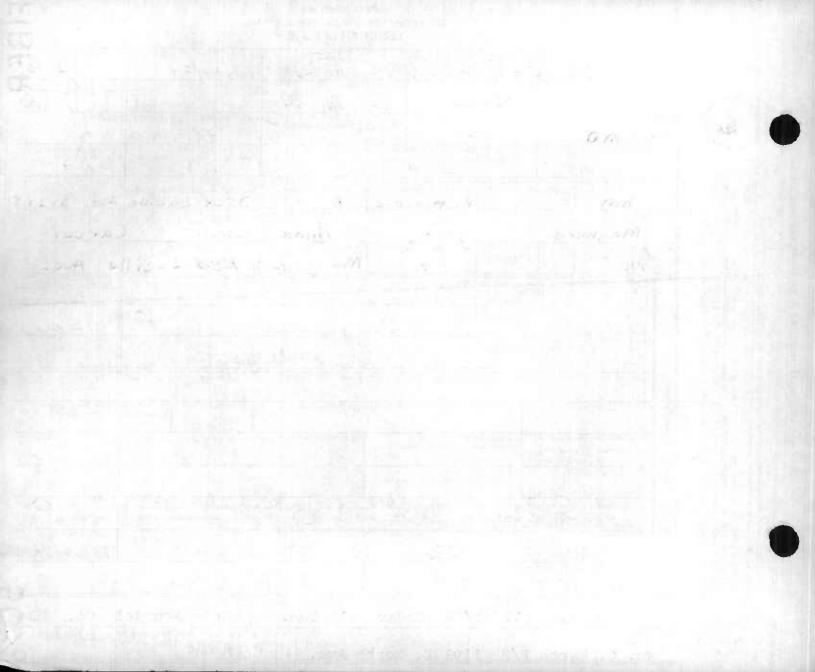
1101 E. North Ave

NAME

C. March F/H

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



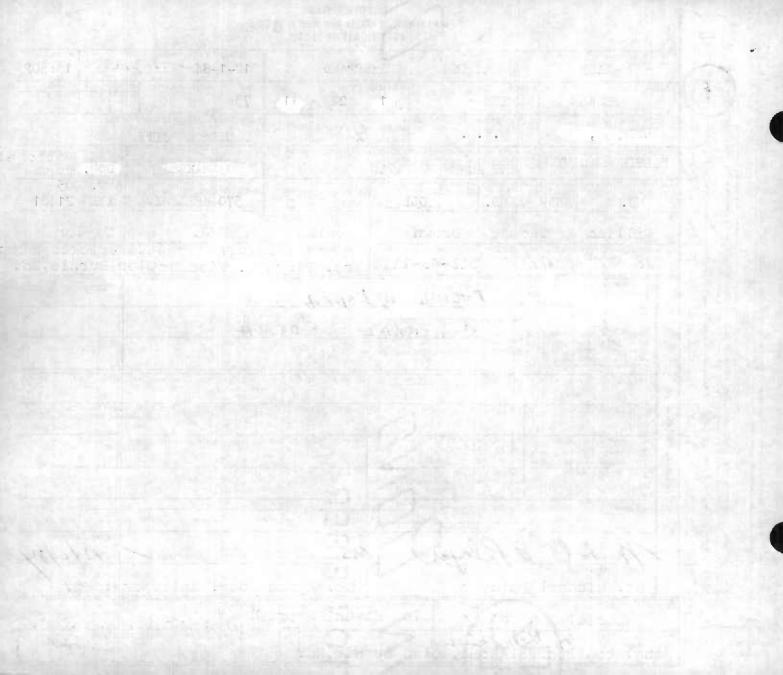
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR	DEPARTM		IEALTH AND MENTAL HYG	IENE 3	3 2	! 3	
		CEASED NAME FIRST OR PRINT) ALICE	LORRAINE		EPPARD		MONTH DAY	1984	26 HOUR 10: 30P <sub>M</sub>
)	3. SEX	FEMALE	4 RACE WHITE	Jan		6 AGE 1 IN YEARS LAST BIR		INDER I YEAR	HOURS MIN.
5	ΤŅ	RIHPLACE ISTATE OR FOREIGN	U.S.A.	WIDOW		BALTIMORE CITY O	CITY		MD.
	B	ALTIMORE CITY	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET AGNES HOS	PITAL		Seamstre	F WORKING LIFE)	Uni	Nationa iform
2	130 S	MD. ISLCOU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t CITY OR TOWN ANNAPO	N	13d. INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS / BELL		APT.	403 2 <b>1</b> 40 <b>1</b>
0	/		homas Brown		Beulah	J.	es 6 4 0 0	Tay	
2	(Y		A 213-05-	1116	Mrs. Flora			n Bur	
			nly one couse per line for (a), (b), and ED BY: TE CAUSE (a), PNE UMOX	SIA,	LOBAR			BETWEENC	MATE INTERVAL DISET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) CERER  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	NCE OF	L EDEA				
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY?  YES NO	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	IGS USED
1	CAL CER	210. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	T OR PART ?)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FI	211 LOCATION STREET	CITY OR FO	wn	COUNTY	STATE	
		saw the deceased alive an above, (I) (we) (did) (did no	ital) ottended the deceased from		nd that in (my) (aur) apinian o	, to death accurred on the do		nd Irom the o	
	1	226 SIGNATURE	2 feloger)		ATTENDING PHYSICIAN [	MEDICAL STAF		224. DATE S	12/34
		Dr. Michael	Pelczar		St. Agnes	Hosp. Ba	ltimor	e, Mo	1.
	(	Burial Burial	Dec. 5, G1	en H	emetery or crematory aven Memoria Park		rnie,	A. A	. Md.
		ingleton Fune	eral Home, Gle	n Bu	rnie, Md.	E REC'D. BY REGISTRAR	256 REGISTRAI	R'S SIGNATI	JRE under

DHMH - 16 50M 4/83 (VRA 15, 4)

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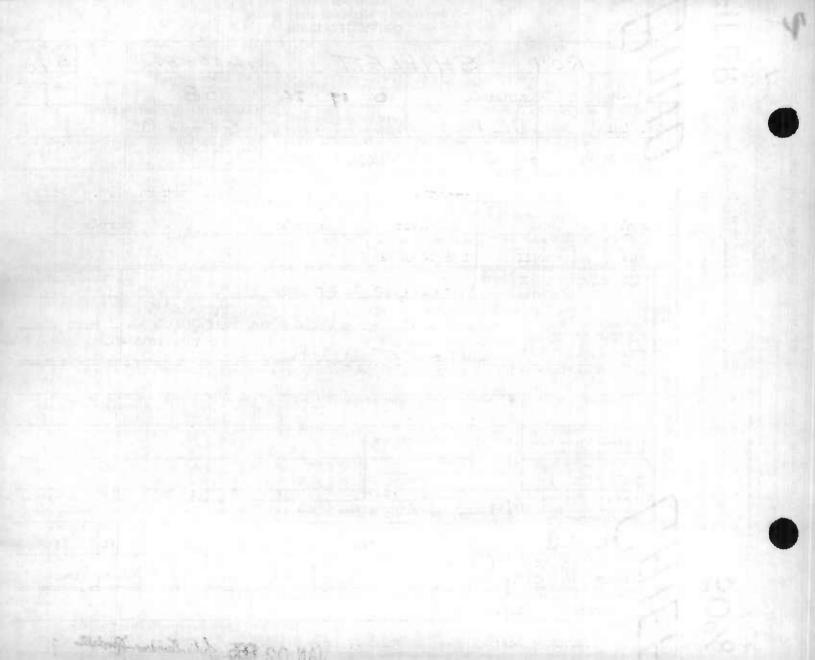


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH LTYPE OR PRINT MAGGIE SHEPPARD 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 1 SEX 5 DATE OF BIRTH IF UNDER 24 HR 103 Black 102 Female 81 TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) Va. MARRIED NEVER MARRIED USA BALTIMORE CITY WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13a. STATE Balto. 13d INSIDE CITY LIMITS? 136 SPEE ADDRESS 23 CODE St. 21218 Md. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LA51 Willis MIDDLE Carey Louise ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 217-54-9322 Dorothy Saunders 3309 Groveland Ave 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ( PART I. DEATH WAS CAUSED BY. CARDIO-PULMEDARU MINUTES ? UNK IMMEDIATE CAUSE (0)\_ sepsis, URINARY TRACT INFECTION Conditions, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF a underlying couse lost. DEMYDORATION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION ACHEXIA 20b. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO F 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a L certify that (1) (this haspital) attended the deceased from saw the deceased view on abave, (I) (we) (did not) view the body after death. (my) (our) apinion death occurred on the date and have and from the causes stated SIGNATURE DEGREE 22c DATE SIGNER ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNER old be d MPORTAN £ 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236. DATE (SPECIEY Burial Arbutus Md Arbutus Mem. Pk 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Juna Handson-Mandalle DHMH - 16 50M 4/83 NAME ADDRESS (VRA 15, 4) Wm. C. March F/H allol E. North Ave

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DECEMBER 27 1984 STY CHYDING HITTEST through the consequent branches THE TRANSPORTED NO. 188 - 1987, MINISTER



ELLICOTT CITY.

FOR

- STATE

(VRA 15, 4)

SLACK FUNERAL HOME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

HEOF OF PART DI SE 12 15 194 DIES SHARETER FULL PERSON STATES ST Talling as I'm 1874 12/19/8/ 1875 And a second second second 12/19/8/ State and the state of the stat

13e STREET ADDRESS / ZIP CODE 1118 W. Mosher St. 21217 LAST ADDRESS 223-16-8881 Florence Shorter 1101 E. Forest St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (b) Prestatic carcinema with lung and bone PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN December , and that in (My) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN c/e Maryland General Hespital STATE Burial 12/7/84 Owings Mill Garrison Forest VI 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1101 E. North Ave. a Lavidson-Randale Wm. C. March F/H

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

26 HOUR

12b. KIND OF BUSINESS OR

IF LINDER I YEAR

INDUSTRY

YRS

DAYS

1030

IF UNDER 24 HRS

DHMH - 16 50M 4/83 (VRA 15, 4)

- STATE

I. DECEASED NAME

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A DESCRIPTION OF THE PROPERTY	

injury, or other troumotic event, the

IMPORTANT; If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE

Н		REGISTRAR				CERTIF	ICATE OF DE	AIH	F	REG. NO.		150	100	
4		CEASED NAME	FIRST	,	AIDDLE	t/	AST		20. DATE OF DE	ATH MONT	H DAY	YE AR	26 HOUR	R
	TYPE	OR PRINT)	Ella	E	E. Shuler				December 22, 1984					PM
	3. SE)	X	7.15	4 RACE		5. DATE O		WE 4.0	6 AGE (IN YEARS			INDER I YEAR	# UNDER 2	24 HRS MIN.
		Female		Whi	te	Octo	ber 21,	1906	78 y:		YRS		SICORS	PALIET.
1		RTHPLACE (STATE OR F	OREIGN	16. CITIZEN OF		MARRIEI	NEVER M.	ARRIED 🗆	9 BALTIMORE			DEATH		11 74
2		Maryland	-19		S.A	WIDOWE	D DIVI	Baltimore City						
0	В	TY OR TOWN OF DEA Baltimore		Long	Green N	rsing H	ROTHER INSTITUTE	TUTION	12a USUAL OCC (TYPE OF WORK FOR HOT		CING LIFE)	126 KIND C	F BUSINES	SS OR
5		AL RESIDENCE (IF NURS STATE Maryland	Y LIMITS?	13e STREET ADD 3454 Ke	RESS / ZIP eswick	code Road	d (21	211)						
4	14 FA	ATHER'S NAME FIRST John	MAIDEN NAM	AND F . LAST										
9	Ida V	VAS DECEASED EVER	W.	Deitz	16b. SOCIAL SE	T	ADDRESS							
		NO NO OR UNKNOWN)		WAR OR DATES)	717-07-				Shuler-	3454 K	eswi			
		18 CAUSE OF DEATH PART I. DEATH W			line for (a), (b),	ond (ci.)	my co	mg	2111	10		BETWEEN	OHOUT AND	BEATH
			IMMEDIAT	E CAUSE Ido/	AS TONISE	noncome one	d	fort	1			20	me	0
		Conditions, if any,	which	DUE TO D	Race	TENCE OF	eet "	he	ort		95	ex	200	e t
1		gove rise to imm couse (0), statin	g the	DUE TO, O	R AS A CONSEC	QUENCE OF		d	esco	ee		0	WI	
Ŋ		underlying cause		(6)		_								
ï	NOI	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED 1	O THE TERM	INAL DISEASE O	R CONDITIO	n Given	IN PART II	0.	
7	CERTIFICATION	19a DATE OF OPERAT	ТЮИ	196 CONDI	TION FOR WHI	ICH OPERATIO	WAS PERFOR	MED	20a AUTOPS	INC	ERTIFYIN	ERE FINDING CAUSES	OF DEATH	H?
	ERTI	21g. ACCIDENT WAS UNE	DERLYING T	1 216, TIME O	F IN IURY		121r HOW IN I	IRY OCCUPE	YES NI	OF INTUINE IN IN	YES [		NO [	
1	N C	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH		110 110 11 11 11	- CCCORR	CO LEMIER NATURE	OF INJURY IN II	EM 10 PARI	ORPARI 2)		
	MEDICAL	21d IN JURY OCCURE		21e. PLACE		19	211 LOCATIO	4						
	ME	WHILE NOT SH	OLE D	(AT HOME, STE	REET, FACTORY, OFFI	CE, FARM, ETC }	STREET		. /	TY OR TOWN		COUNTY	ST	TATE
	415	22a   certify that				4 6.14	OV	19_8	1.10 12	12		,	that (1) (w	
		sow the decease abave, (I) (we) (c	did did no	view the body	ofter death.			our) opinion o	death accurred a	n the dote on	d hour on			ted
		12h SIGNATURE	7	2	mes	for 101		TENDING HYSICIAN	MEDICAL DIRECTOR D	STAFF	7	220 DATE	SIGNED	10.
	4	274 PHYSICIAN'S NA	AME TYPE O	RAVINI	15	> .	22e. ADDRESS	TISICIAIV	DIRECTORE	- L		1	40	T
		wh	1-	/ <del> - ,</del>	1/.	eur	1	3 2	22	57	7	an	-	<i>T</i>
		BURIAL, CREMATION, (SPECIFY) Buria		12/27			EMETERY OR CE		23d LOCATIO	Ttimor	O N	e Lythnic	nd si	TATE
	24 FI	JNERAL DIRECTOR	T	12/2	/04	Druid 1	arage Co		E REC'D. BY REGI		•	_		
	A	. Alan Sei	tz Fu	neral Ho	ome 3818	Roland	d Ave.	DEC	2 8 1334		Davido		Lite	1

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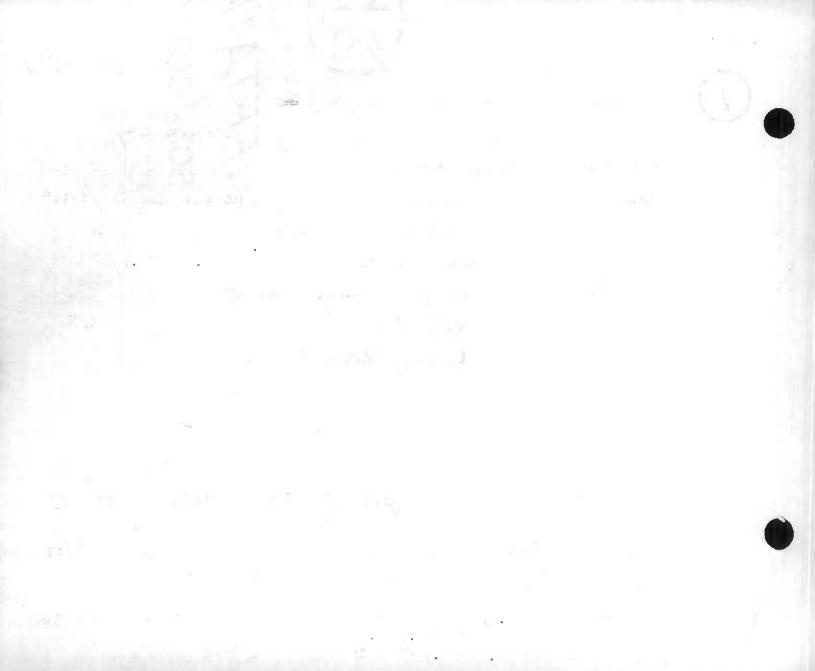
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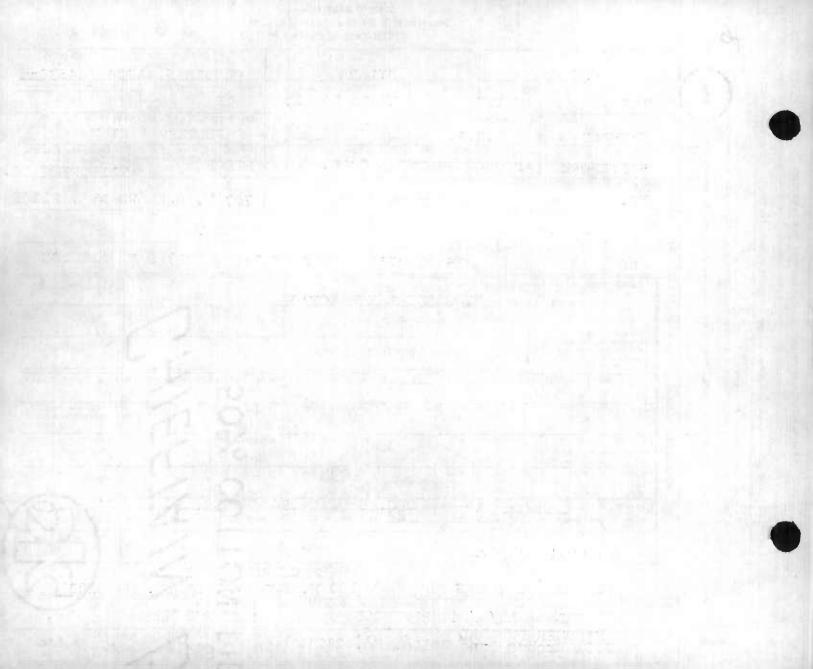
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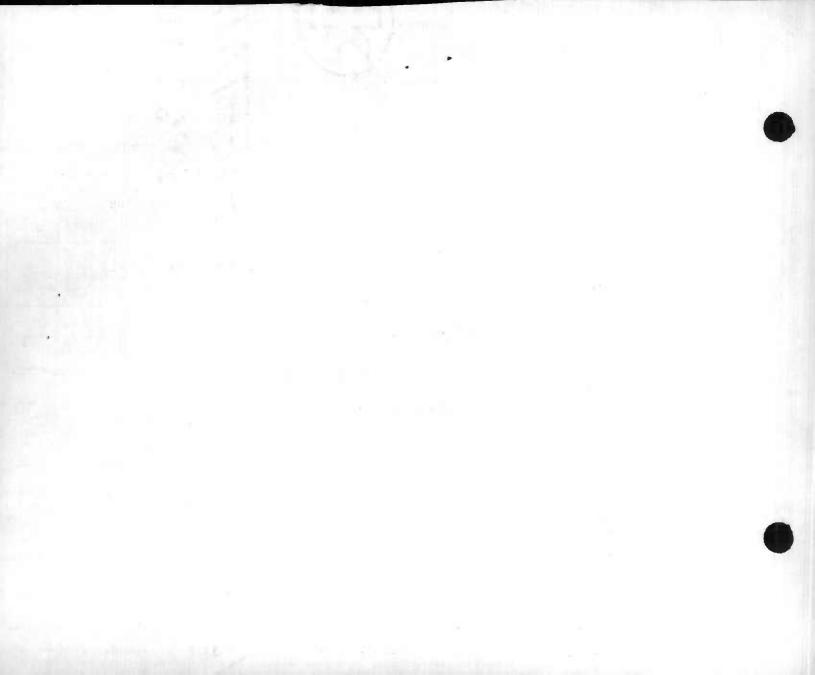
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REGISTRAR

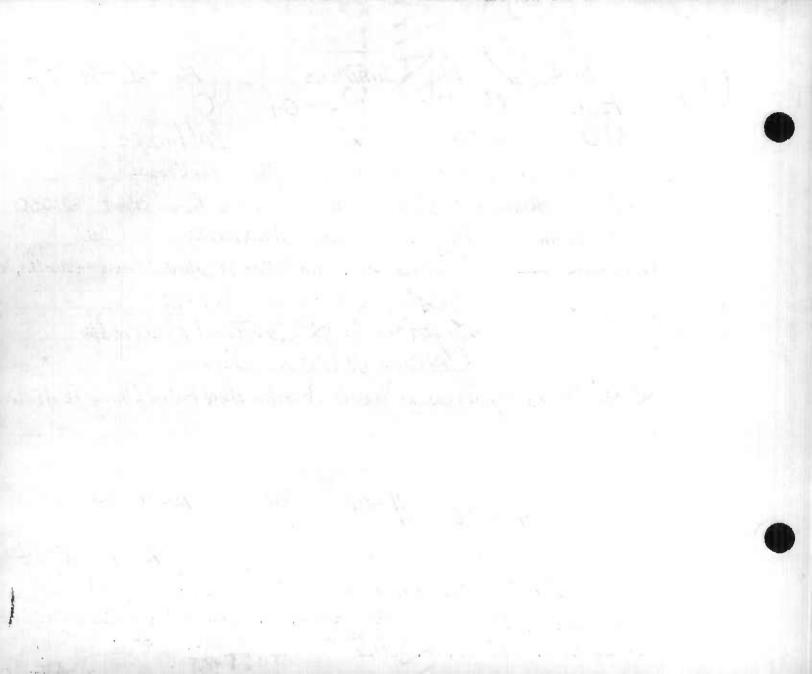
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH IF UNDER TYEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY AT HOME 13e.STREET ADDRESS / ZIP CODE 21209 UNKNOWN 2505 FARRINGDON RD. BALTO., MD 5-10 min 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (our) opinion death occurred on the date and haur and from the causes stated COUNTY MARYLAND 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE in waydson handalls 6010 REISTERSTOWN RD. BALTO. MD 21215



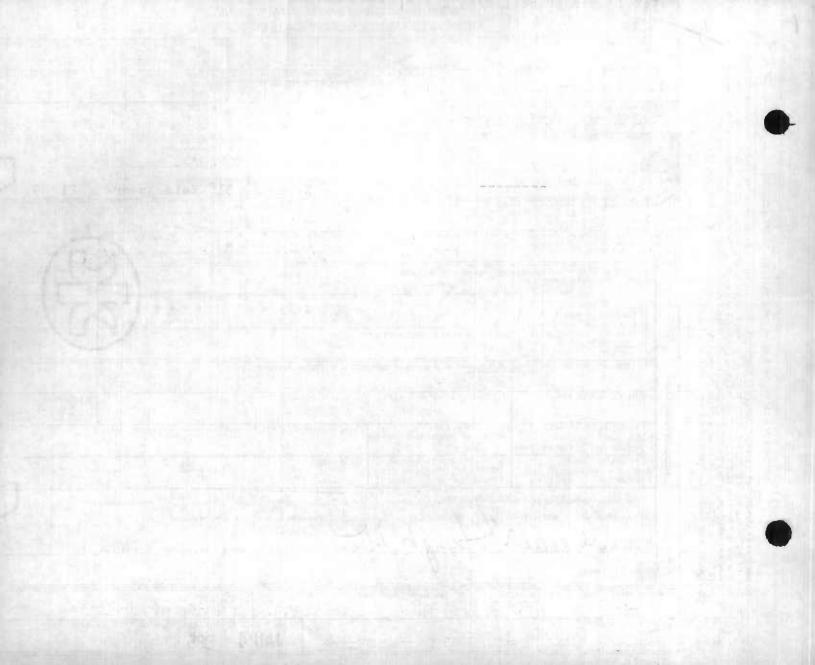




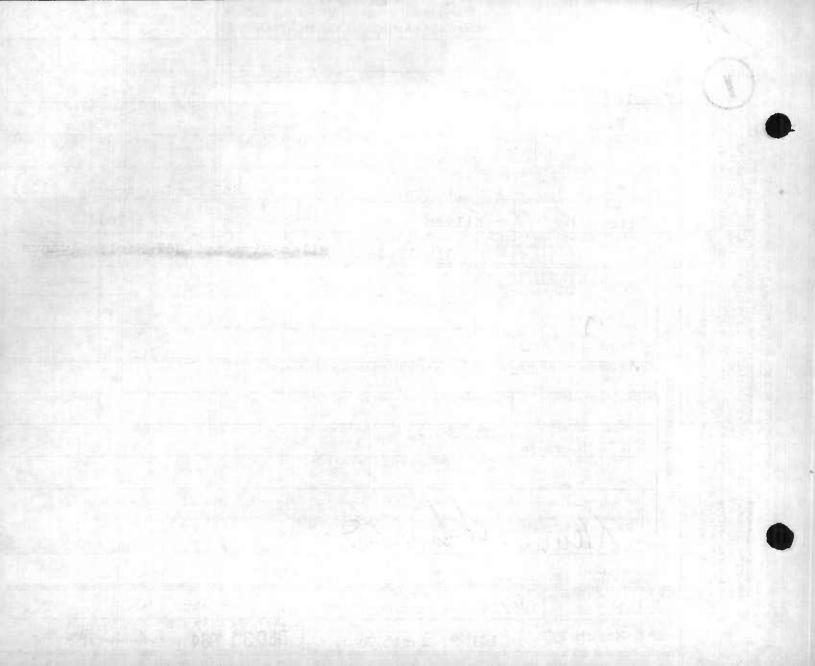
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3	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		3 2 2 <sup>4</sup>	5
: :		CEASED NAME PIRST	Ro MIDDLE	Timmons	20 DATE OF DEATH	DAY YEAR	126 HOUR 377
, ( )	3 SE	F	A RACE White	S. DATE OF BIRTH	6 AGE INLYEARS LAST	MONTHS DAY	
h. Poge 2 hours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED   NEVER MARR	BALTIMORE CITY	YRS.	
re funeral within 72 lead of or 1	10_C	TY OR LOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	WIDOWED DIVORC	IED   DAT		MD. D OF BUSINESS OR
京 章	3	Altimore.	South Baltim	ore General K		Know- INDUSTR	₹Y
hin 24 hour ly filled in should be		TATE 13b. COU	OF OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN 13d. INSIDE CITY LI	- 1221 T	S / ZIP CODE	2/230
mpletely ond 2 sh	14. FA	THER'S NAME FIRST ): // Am	MIDDLE FIAST	15 MOTHER'S MAI	IDEN NAME	Da	il
n and cor Pages 1		(AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	URITY NO. 17 INFORMANT		onial Manon	21401 Annapolis
hysicial papers. ovol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	rnly ane cause per light in the light ED BY:	to Almor	App.		ROXIMATE INTERVAL EN ONSET AND DEATH
th certifing properties, or remarks		IMMEDIA'	DUE TO, OR AS CONSEC	ence or r no	D + 1	T / 10	/
e deot		Conditions, if ony, which gave rise to immediate	(b) e	icemia &	TACIEBAL	MOCERATE	8
that the day the ease real, crer		couse (a), stating the underlying couse last.	DUE TO, OR A A A STATE OF	ina VALVUL	AR DISEAS	0	
equires that the death ce n signed by the attending Then please remave carb to burial, cremotion, or injury, or other traumatic	N O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	11h0 - 11	THE TERMINAL DISEASE OR CO	-d . (11 c	D. 174
The low residuous the hos been nost permit. Projece prior shows ony is	CERTIFICATION	19a DATE OF OPERATION	196 GONDITION FOR WHICH	OPERATION WAS PERFORME		206 IF YES, WERE FINE	DINGS USED
hysicic the rest of the rest o		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216 HOW INJURY	OCCURRED (ENTER NATURE OF II	NJURY IN ITEM 18 PART 1 OR PART 2	2)
PHYSICIA ending ph this certif he buriol-t nd Mentol	MEDICAL	(IF EITHER MOTHY MEDICAL EXAMINED	21e. PLACE OF INJURY	211 LOCATION	CITY OF	RIOWN COUNTY	STATE
OING Property After the ce as the colth and marked	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	0./	10 00 Out	(
TENDIF		saw the deceased alive an	pital) attended the decrased from	VII	opinian death occurred an the	date and hour and from t	that (I) (we) last the couses stated
TO HOSPITAL OR ATTEND retained by the hospital of TO FUNERAL DIRECTOR: should be defiached for use with the State Dept. of Hea IMPORTANT: if hem 21 is m		22b. SIGNATURE	nat) view the body after death.	DEGREE ATTEN	NDING _ MEDICAL _ S	TAFF	ATE SIGNED
HOSPITAL HOSPITAL FUNERAL Sold be det h the State		226 PHYSICIAN'S NAMELING	The state of the s	PHYS PHYS	ICIAN DIRECTOR PHY	SICIAN X	1 511
TO HOSI	22- 1	DI D	DUCKON	W. Douth	DAHIMORE (	general H	DYCAM
BP		SPECIFY (remation, REMOVAL	12/21/84 5	NAME OF CEMETERY OR CREM ecurity Process	,Inc. (atonsi	ville Baltimo	0
OHMH - 16 50M 4/83 (VRA 15, 4)	34 FI	OHAMOUNTAIN Rd.	1 0 0 1 ADMARCA	of Basadena 21122	25a. DATE REC'D. BY REGISTR	AR 25b. REGISTRAR'S SIGN	IATURE



Letoy   F'.   Simmons   Death   Marke   12-31   19 84   19   19   19   19   19   19   19   1	3	H	OR TATE EGISTRAR	per pho		DEPARI	EXAMIN	HEALTH	ERTIFIC	ENTAL HYC	DEATH	TILO.	NO:	. 6
Male  Negro  S-23-44  Negro  S-23-44  Negro  S-23-44  Negro  S-23-44  Negro  S-23-44  Negro  Negro  Negro  S-23-44  Negro  Negro	1									ns				
In the composition of the property of the control of the process			le .				LAST BIRTHD	ARS IF UN	DER I YR.	IF UNDER 24	IN PRON	OUNCED	MONTH	DAY YEAR 2d HC
Baltimore    State   Avenue   Discours   State   Avenue   Discours   Discours	5												_	
Maryland  Baltimore  Baltimore  Baltimore  Middle Last  Janie Landardale  Is MOTHER'S MAIDEN NAME  Janie Landardale  Is CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Fatty Liver  Conditions, if ony, which gove rise to immediate couse (o) storing the underlying couse lost.    Conditions of the underlying couse lost.   Conditions for which operation was performed?    Conditions of the underlying couse lost.   Conditions for which operation was performed?    Conditions of the underlying couse lost.   Conditions for which operation was performed?    Conditions of the underlying couse lost.   Condition for which operation was performed?    Conditions of the underlying couse lost.   Condition for which operation was performed?    Conditions of the underlying couse lost.   Condition for which operation was performed?    Conditions of the underlying couse lost.   Condition for which operation was performed?   Condition for which operation was performed.   Condition for which operation was performe	Š	В	altino	ore	51.8	Yale A	street address) Avenue		ier institu		FOR MOST OF	WORKING LIFE)	TYPE OF WORK	
George Simmons    Idea	5	13a ST/	ATE.			13c. CIT	YORTOWN		13d INSIDE (	ITY LIMITS? 13	street at	Yale	Avenue	21229
PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO    PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?    PART 2 DIATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?    PART 2 DIATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?   20 AUTOPSY? (BOOTY OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO    PART 2 DIATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?   20 AUTOPSY? (BOOTY ONLY YES XX NO DIATE OF TOWNS OF THE PART 2 DIATE OF TOWNS OF THE		Ge	orge S	Simmons					Jan	nie Lan		Le		<b>EAST</b>
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Fatty Liver  Conditions, if ony, which gave rise to immediate couse (a) stating the under-lying couse lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  Arterioscleratic Cardiovascular Disease  190 DATE OF OPERATION  190, CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 AUTOPSY?  (BOOLY ONLY YEAR  210 EXTERNAL CAUSE WAS  210 TIME OF INJURY HOUR A.M. MONTH DAY YEAR  211 CHOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)		les/	Ra-138	340453	WAR OR DATES)	216-	-42-293				- Madi			St. Martins
			gave ri couse (o lying cos	ns, if ony, which se to immediate ) stating the <u>under-</u> use last.	(b)	OR AS A COI	NSEQUENCE	OF	E OR CONDITIO	N GIVEN IN PART 1	10			
		TIFICATION	190 DATE OF	OPERATION	19b. CON						ular [	Disease		120 AUTOPSY? (BODY Only YES XX NO
	3		UNDERLYING	OR OR	HOUR A	A.M. MONTH	19	R		OCCURRED	ENTER NATURE	of injury in Item	18 PART 1 OR PA	
	2		deoth result	Dereus NAME PO	al course way	June ,	oh 1	W.	Homic TITLE (S D. ASSI	PECIFY)	Undetermine	XAMINER	DATE SIGNE	1-1-85
SIGNATURE SIGNED 1-1-05		(SPE	CIFY)								CITY OR TOW	'N	Maryl	and state
TITLE (SPECIFY)  ASSISTANT  MEDICAL EXAMINER  DATE SIGNED  1-1-85  EXAMINER'S NAME (TYPE OR PRINT)  Dennis F. Smyth, M.D.  ADDRESS  111 Penn St., Balto., Md. 21201  230 BURIAL CREMATION REMOVAL 23b DATE  134 NAME OF CEMETERY OR CREMATORY  123d LOCATION  123d LOCATION		24 FUI	VERAL DIREC	TOR	ADDR	ESS	aurene			JAN	D. BY REGI	STRAR 25h R	EGISTRAR'S S	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRST 20. DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Simmons DEATH MATED Mary 12-29 1984 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS 6 AGE (IN YEARS DATE OF BIRTH DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 3:45 Black 12-29 9/10/05 DEAD 1984 79 Female TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) C. MARRIED X NEVER MARRIED USA Baltimore City, WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Maryland General Hospital - DOA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 867 Harlem Avenue 21201 Balto NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N MIDDLE Rudd Luvenia Silver 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS 166 SOCIAL SECURITY NO DIVISION 867 Harlem Avenue Miles Simmons 219-18-3562 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ALONG W BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, O lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD E DEPARTMENT OF TO BURIA NG THE WOR D TO THE CH SHOULD BE L NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE PORWARDED TO FUNERAL DIRECTOR, PAGE 3 SHOWN PATER PORTER DEPAIR WITH THE STATE OFPAGE MARYLAND, 21201 PRICE 2 le PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK Inspection XX 220 I certify that Look charge of the remains described obove, held an Autopsy Notural couses XX Hamicide Undetermined manner HTLE (SPECIFY) Assistant MEDICAL EXAMINER 12-30-84 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Arbutus, Md. Burial 1/5/85 Arbutus Mem. Pk. 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Wm March F/H 1101 E. North Aye, Julia Davidson-Randala (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

-	1.	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	IENE 3	3 2	28			
170		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH		YEAR 2	h HOUR		
No.	(IYPE	ROBERT	L.	SIM	MS	Dec. 9	, 1984		125 AM		
	3. SE	Х	4. RACE	5 DATE O		6. AGE (IN YEARS LAST E			IF UNDER 24 HRS		
		Male	Caucasian	Nov	40 4040	66	YRS.	THS DATS F	HOURS MIN.		
22		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? United States	8	□ NEVER MARRIED 🖈	9 BALTIMORE CITY BALTIMOR	OR COUNTY OF	DEATH	MD.		
14		BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) UNION MEMORIA	ADDRESS)		120 USUAL OCCUPA LIYPE OF WORK FOR MOSS Boatbuil		126 KIND OF I	BUSINESS OR		
35	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY  Baltimo:	N	13d. INSIDE CITY LIMITS? YES NO [	610 Mont	/ZIP.CODE pelier	Av.,	21218		
JO Spring	14. FA	ATHER'S NAME Lewis	MIDDLE Simms		15. MOTHER'S MAIDEN NAV			Hart			
100	Ióo V	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT		Rockvi	Ile.	Md.		
nedi	ye	YES NO OR UNKNOWN) (EYES GE	T 174 05	9169	Basil Simma						
ury, or other froumotic event, '	z	PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	NCE OF	NOT RELATED TO THE TERM	ctron INAL DISEASE OR CO	NDITION GIVEN		ATÉ INTERVAI USET AND DÉATH		
ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			YES NOT		/ERE FINDING			
Hem 18 sh		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE	ATH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	T OR PART 2)			
orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC )	211. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE		
21 is ma		22a I certify that () (this hospital) attended the deceased from 19 5 , 19 5 , to 10 9 9 , that (1) (we) la saw the deceased alive an 19 5 , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above. (1) (we) (did (did not) view the body after death.									
II. If them		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12-9-8									
MPORTANT		DR. JAMES H.			220. ADDRESS UNION MEMO	RIAL HOSPI	TAL, Ba	1to.,	Md.		
3		BURIAL, CREMATION, REMOVAI Burial	12, 1984 Br	addo	emetery or crematory	23d. LOCATION CITY OF LOWN Braddo			nna.		
/83	24 F	NAME	ct A. Pumphrey C.A. Bethesda,		eral 250 DAT	REC'D. BY REGISTRA	R 25b. REGISTRAF	9			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove corbanpapel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

4				1-	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL N CERTIFICATE OF DEATH	BREG NO.	2 9
	-				CEASED NAME FIRST	WIDDLE	LAS1	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR P
2,	1				SAMU		SIMON		84 8:42 M
ge 4 mg	(0)	1	)	3. SEX	Male	Black	S. DATE OF BIRTH  MONTH  1-28-27	6. AGE (IN YEARS LAST BIRTHDAY)  57  YRS.	DERTYEAR IF UNDER 24 HRS
John Po	neral d	-	77		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT		BALTIMORE CITY OR COUNTY OF E	
rs affec de	by the fur	33	AM	В	ALTIMOORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST THE JOHNS H	ORSING HOME OR OTHER INSTITUTION (TREET ADDRESS) HOPKINS HOSPITAL	12a USUAL OCCUPATION 12	B. KIND OF BUSINESS OR NOUSTRY
m 24 hou	/15	33	REE	13a. S	Md.		YES NO	1701 Cliftview	Ave. 21223
di with	133	3a	5.	14 FA	THER'S NAME FIRST LOUIS	MIDDLE Simon	15. MOTHER'S MAIDEN FIRST Bertha	MIDDLE	LAST
toseco!	10	redical	MR		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL S	SECURITY NO. 17. INFORMANT 20-1551 Carrie Be	ADDRESS Route	2
raficone by	MUEL	emoval.	PER		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b) BY TE CAUSE (a) CARD		ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shorth ce	SA	ahari, or r ravifiatio	NOX		Conditions, if any, which	DUE TO, OR AS A CONSE	EQUENCE OF MYOCARD	IAL INFARCTION	
HHH Her the	I MON,	al cremo	. DI		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	ABLE ANGINA		
F	SI	or to bus	DR	NOI	PART 2 OTHER SIGNIFICANT CORONAR	CONDITIONS CONTRIBUTING	RY DESEA	ERMINAL DISEASE OR CONDITION GIVEN IN $SE$	PART lia
he low	hos b	iene pr	MED	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION WAS PERFORMED		RE FINDINGS USED G CAUSES OF DEATH? NO
7 O	g physic entificate	ntol Hyg			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	URRED (ENTERNATURE OF INJURY IN ITEM 18 PART I C	OR PART 2)
LG PHYS	affendin ter this c	h and Me	S	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN	TOR A	of Health	ED A			ital) attended the deceased from 12/25		ion death accurred on the date and have and	that (1) we) last
AL OR A	AL DIRE	detoched ote Dept IT: If Item	AS	Ŧ	176. SIGNATURE	Hives M	1. D. PU. D. ATTENDING PHYSICIAN		12/25/84
O HOSPITAL	TO FUNER	with the State IMPORTANT:	REI		22d PHYSICIAN'S NAME (TYPE	HINES	220 ADDRESS John BAC		1205
	SP	o 3 <u>≤</u>		- (	urial, cremation, removal Specify) Burial	12-31-84	23c NAME OF CEMETERY OR CREMATOR Bickfield CEM.		UNITY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

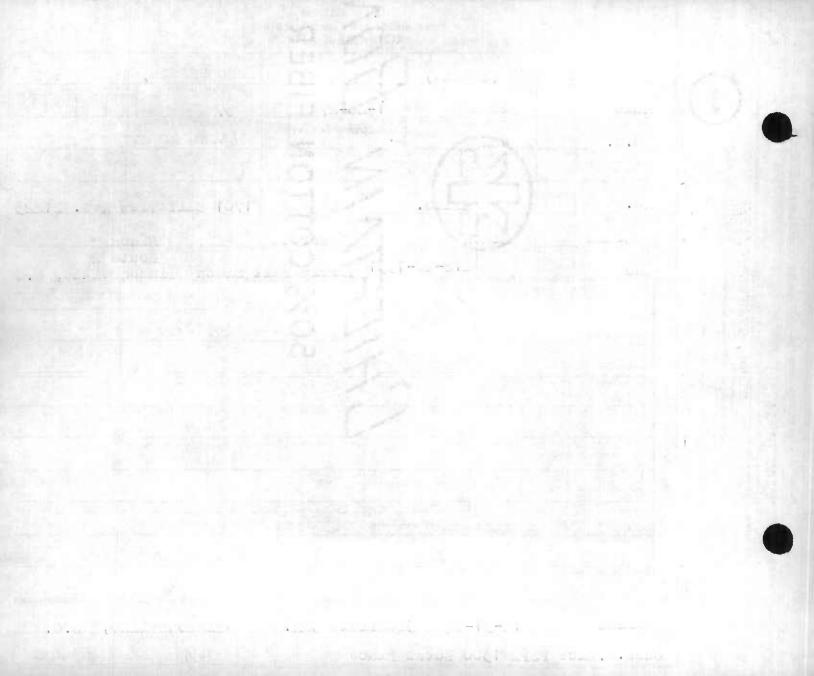
24 FUNERAL DIRECTOR
Chas.A.Rice FSPA 1300 Eutaw Place

Rickfield CFM. Timmonsville. S.C.

250. Date REC'D. By REGISTRAR 256. REGISTRAR'S SIGNATURE

DEC 3 1 1984 Lie Javidson-Randa

The Savidson-Randale



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DADTMENT	OF	ME	415	ru.	AND	MEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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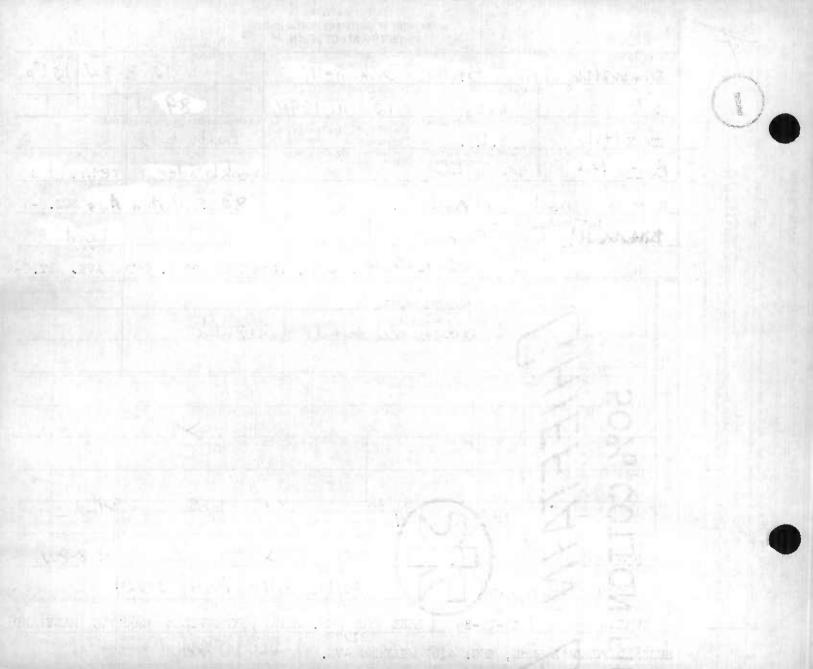
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	U W
I. DECEASED NAME FIR	ST MIDDLE	LASŤ	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPE OR PRINT) JA	MES S.	SIMONELLI	12-	8-84 12 PM
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
MALE	WHITE	12 .11 , 1894	89 : YR	MONTHS DAYS HOURS MIN.
. BIRTHPLACE (STATE OR FOREIG		INTRY? 8	BALTIMORE CITY OF COUN	
TTALY	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	_	V
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION /	12b. KIND OF BUSINESS OR
BALTIMORE	Mercy Ho		BOOK BINDER	BOOKBINDING
	OME OR OTHER INSTITUTION GIVE RESIDEN COUNTY 13c. CITY C			21229
and the second s				AVENUE, APT.6-A
MARYLAND FATHER'S NAME	DAL.	TIMORE YES NO [		AVENUE, ALL.U-A
rincy or	4 Min ber	AST . FIRST	WIDDLE	LORDI
ANTHONY  NO WAS DECEASED EVER IN U	S IMON	AL SECURITY NO. 17. INFORMANT	ADDRESS	21229
(YES, NO OR UNKNOWN)	YES GIVE WAR OR DATES)	The state of the s		
NO	1.102-	10-9069 ∥ HILDA C, S	SIMONELLI 820 S. C	
18 CAUSE OF DEATH (E) PART I. DEATH WAS C	ter only one couse per line for (o)	, (b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	EDIATE CAUSE (o)	umônia		
	ANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 1101
19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLY		21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
OR CONTRIBUTING CALLER		TH DAY YEAR		
(IF EITHER NOTIFY MEDICAL EX	21e. PLACE OF INJURY	21f LOCATION		COUNTY STATE
WHILE NOT WHILE (	(AT HOME, STREET, FACTORY,	OFFICE, FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
	höspital) attended the deceased	from 11/30 10 8	54 10 12/8	. 19 84 , that (I) (we) la
sow the deceased of	ve on	19 84 and that in (my) (our) apin	nion death accurred on the date and I	
22b. S GNATURE	did not) view the body ofter death	DEGREE		22c DATE SIGNED
12011		MD ATTENDIN	MEDICAL STAFF	12-8-811
22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	220 ADDRESS	N DIRECTOR   PHYSICIAN	110004
Lalah N	ewbrough	301 Maryd	ell Rd Balta 21	229
73e BURIAL, CREMATION, REM		231 NAME OF CEMETERY OR CREMATO		
BURIAL	12-11-84	LAKE VIEW MEM. PAR	CITY OR TOWN	CARROLL MARYLAN
24 FUNERAL DIRECTOR	1 12-11-04	21229 1250.	DATE BECOD BY DECISTRADIAN DEC	ICTRANIC CICALATURE
ataner.	I HOME INC 41	07 WILKENS AVE.	UEU 1 0 1984 yun	wandon Window
HIBBARD BUNERA				

DHMH - 16 50M 4/82 (VRA 15, 4)

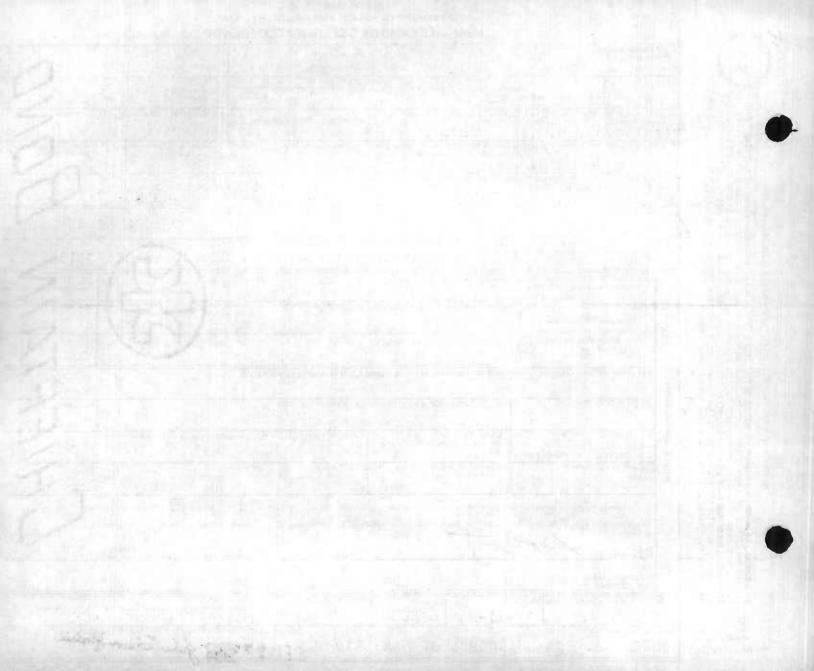
etoined by the hospital

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior to burial, cremation,



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ui d	SES 1,		RICHA	RD	S	IMPS	ON		LINDA			HOLTZ	ZCLAW	
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BALTIMORE, MD.	URS AFTEK 8. GIVE PA WITH FOR DIVISION		NO			212	-84-01	66	RICHARD	L. S	SIMPSON	SAME	AS 13E	
	Z =		18 CAUSE O	F DEATH (Enter onl	ly ane cause per line	far (a), (b),	and (c).)						APPROXIMATI	INTERVAL T AND DEATH
PRESTON ST.,	24 HOUI ITEM 1B. LONG W PERMIT. GIENE, D		PARTIDE		TE CAUSE (a)	Gunsh	ot Wound	i He	ead					
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DIVISION OF VITAL RECORDS, 201	THIS CERTIFICATE SHOULD BE EXECUTED WITH WARDED TO THE CHIEF MEDICAL EXAMINES PACE 3 SHOULD BE USED AS A BURIAL - TRAN ITATE DEPARTMENT OF HEALTH AND MENTAL 21201 PRIOR TO BURIAL, CREMATION, OR RE	NO	PART 2 OTHER 51	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELAT	EO TO THE TERMINAL	OISEASE	OR CONDITION GIVEN IN P	ART 1 to	7-1			-
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	A CHAN	0.5	death result	ed fram: Natur	al causes .	Accident	, Suicid	and o'un hade	Homicide .	Undete	rmined manner			
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	TO MEDICAL EXAMINE: IT EXECUTE THE CERTIFICATE, I EXECUTE THE CERTIFICATE, I PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAGE BEATH, WITH THE STABLIMORE, MARYLAND, 2		(TYPE OR PRI	vr)Gre	gory R. K				DUILEGO	l Per				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

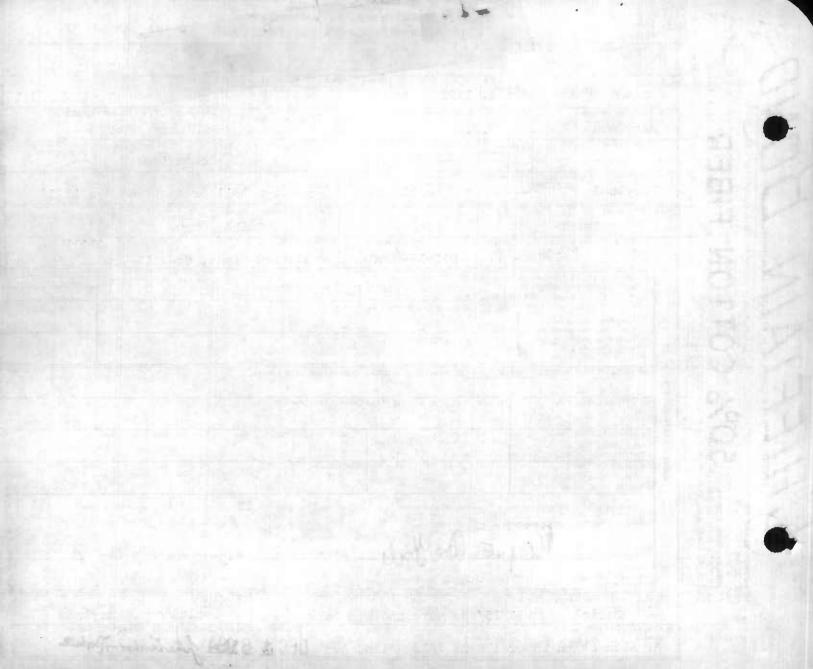
CERTIFICATE OF DEATH

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201 W. PRESTON ST., BALTIMORE, MD. 21201	ATH. IF ANY DELA ES 1, 2, AND 3 TO T PM 3. RETAIN PA ND 2 SHOULD BE F VITAL RECORDS, 2	13a S	Marylan	(IF IN NURSING HOME C 13b. COUN	OR OTHER INSTITUTION, GI	13c. CITY Ba	PRIOWN Trimor	e e	13d. INSIDE CITY (	LIMITS? 1:	3. STREET ADDRESS 3511 Green	spring	Ave 2121	1
WD.	H. IF. 12.	J. IL.F	ATHER'S NAME		WIDDLE		LAST		15. MOTHER'S	SMAIDEN	NAME		LAST	
ORE,	DEATH PW	4/		James		Wi				Ed	lith May			
TIMO	CUTED WITHIN 24 HOURS AFTER DEATH. I ". IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, I EXAMINER ALONG WITH FORM PM 3 IRIAL-TRANSIT PREMIT. PAGES I AND 2.8 ND MENTAL HYGIENE, DIVISION OF VITAL ION, OR REMOVAL.	160 \	VAS DECEASED ES, NO, OR UNKNO Yes	DEVER IN U.S. AR	WED FORCES?  WAR OR DATES!  4 - 45		IAL SECURIT		17. INFORMAL			DDRESS	21211	
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ST.,	HOURS M 18. G MG WIT RMIT. P. INE, DIV.		PART I DE	ATH WAS CAUSE				otic	cardio	vascu	lar diseas	e	BETWEEN ONSI	T AND DEATH
NOT	ALON T PER T PER OVA		101111	IMMEDIA	TE CAUSE (a)				002020	10000				
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*	PENC AMIN OR OR			stating the under-	DUE TO, OR	AS A CON	SEQUENCE	OF.						
	XECUTE JG" IN SAL EX BURIAL AND A				(c)									
DIVISION OF VITAL RECORDS.	SA KEN	N O	PART 2 OTNER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERA	IINAL DISEASI	E DR CONDITION GI	IVEN IN PART	1 (0):			
1 8	SHOULD ORD "PEI CHIEF N E USED A TOF HEA	CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORME	ED?			20 AUTOPSY	?
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0	A THE WAR		UNDERLYING	CAUSE WAS		MONTH	DAY YEA	216 HC	OW INJURY OF	CCURRED	ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR P	ART 2)	
Sion	CERTIFICATE WITING THE WOED TO THE CASE TO THE WOED TO THE CASE TH	MEDICAL	21d. INJURY C		DEATH P.M.		19 (AT HOME,	21f. LO	CATION					
DIV	INER: THIS CERTIFICATE SHOULD SICATE, WRITING THE WORD "PEI E CORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL, CAND.	ME	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, E	rc.)	S	STREET		CITY OR TOWN	CC	YINUC	STATE
	ATE, TA		220 I certif	fy that I took charg	e of the remains des	cribed abo	ve, held an	Autop	sy 🔲, In	nspection	XX Inquiry	, ond in my o	pinian	Mala
			death resulte	ed from. +Notui	ral causes XXX	Accident	☐, Su	icide 🔲	Hamicide	e	Undetermined monner			
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: (, WITH THE: MARYLAND)		ACTUAL	17	no F	AL	N n		TITLE (SPEC			DATE	12/13	/8/
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	TO MEDICAL EXAM EXECUTE THE CERTIPLE OF A SHOULD B TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARY	4	EXAMINER'S I	NAME NT)	Margar						nn Strreet	Balto.	MD 2120	1
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07/84 25M	BP	24 F	BU I	rial	12/15/84	MOI	reland	Mem		DATE REC		more, Ma		
	DHMH - 17 (VR A15 ME (5))	1	NAME		neral Hon	ne 381	L8 Rola	and A	ri-	C.A.	8 1084 4.4	Davidson	Brokette	•
								-1104 41		14.				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENEZ

CERTIFICATE OF DEATH

FOR - STATE

(VRA 15, 4)

REGISTRAR

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MPORTANT. If Hem 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: Afra should be detached for use as with the State Dept of Health

DHMH - 16 50M 4/B3

(VRA 15, 4)

STATE OF MARYLAND

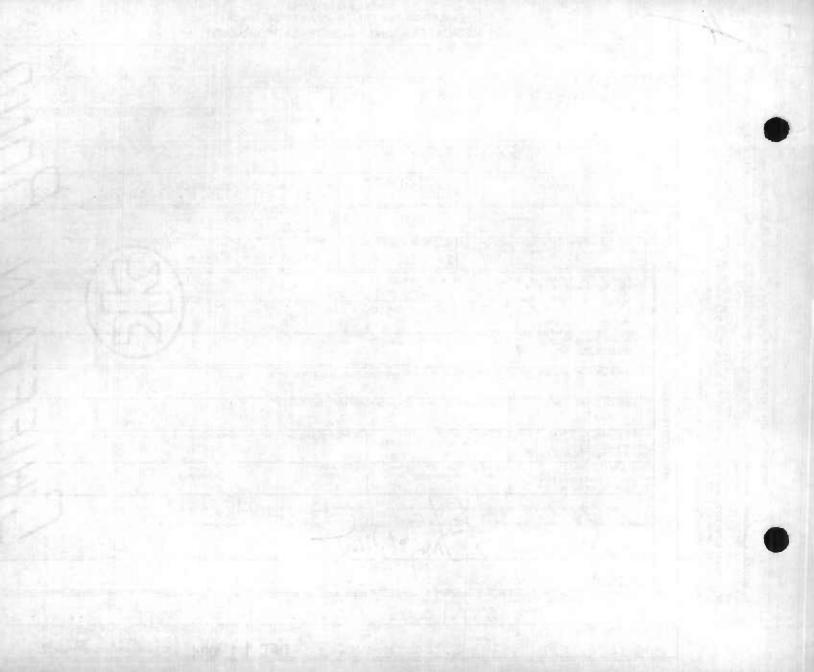
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1-	FOR STATE REGISTRAR			EALTH AND MENTAL	GGIENE	REG. NO.	5 2	3 :	3
	CEASED NAME FIRST	WIDDIE		AST	20 DAT	E OF DEATH M	NONTH D	AY YEAR	26 HOUR
(14PE	Lewi	s J.	Siss	elBerger			12	2 84	M
3. SE	Х	4 RACE	S. DATE C			(IN YEARS LAST BIRTH		IF UNDER TYEAR	
	Male	White	MONTH 3	24	4	80	YRS.	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED  DIVORCED	_ D:	IMORECITY <u>OR</u> altimore	COUNTY		MD.
	Baltimore	11. NAME OF HOSPITAL			(TYPE OF	UAL OCCUPATION WORK FOR MOST OF THE			OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOM STATE 136 CC aryland	DUNTY 13c. CITY	nce before admission) OR TOWN 1timore	136 INSIDE CITY LIMIT	5?   13e.STR	EET ADDRESS / 1 West 3	zip code 3rd S	treet	21211
14 F/	ATHER'S NAME Lewis	J. Siss	Sr. elberger	15 MOTHER'S MAIDEN	NAME	WIDDFE		Richa	ardson
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT		ADDRES		_	21211
1	NO NO OR UNKNOWN) (IF YES.	218	-09-2048	Mrs. Genev	a Siss	elberger	911	W. 33r	d St.
	PART I. DEATH WAS CAL	DUE TO, OR AS A CO	DNSEQUENCE OF	ylocytic	Jeu	Kenna		BCIWER	XIMATE INTERVAL ONSET AND DEATH
TION	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT		NOT RELATED TO THE		SEASE OR COND	5.75	WERE FIND	
CERTIFICATION	1140. DATE OF OPERATION	198 CONDITION FO	K WHICH OPERATIO	IN WAS PERFORMED	YES		IN CERTIFY	YING CAUSE	S OF DEATH?
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OC	CURRED (EN	ER NATURE OF INJURY	IN ITEM 18 PA	ART I OR PART 2)	
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	V S	CITY OR TOW	N	COUNTY	STATE
741	22a.   certify that (1) (this ha	ospital) attended the decease	ed from	, 19	, to_		, 1	19	that (1) (we) lost
	sow the deceosed olive obove, (1) (we) (did) (did	on not view the body ofter dea	th. 19, or	nd that in (my) (our) opi	inion deoth oc	curred on the dot	e ond hour	and from the	e couses stated
	226. SIGNATURE AUG	II COME	V	DEGREE ATTENDIN PHYSICIA	MEDIAN DIREC	CAL STAFF	: AN []	22c DATE	ESIGNED
	Walter Kor			1900 E. N	orther	n Parkwa	ıy		
23a	BURIAL, CREMATION, REMOV	AL 236 DATE	23c NAME OF C	EMETERY OR CREMATO	ORY 23d I	LOCATION CITY OR TOWN		COUNTY	STATE
	Burial	12/4/84	Lorrai	ne Park		Baltimor	e	COUNTY	Maryland
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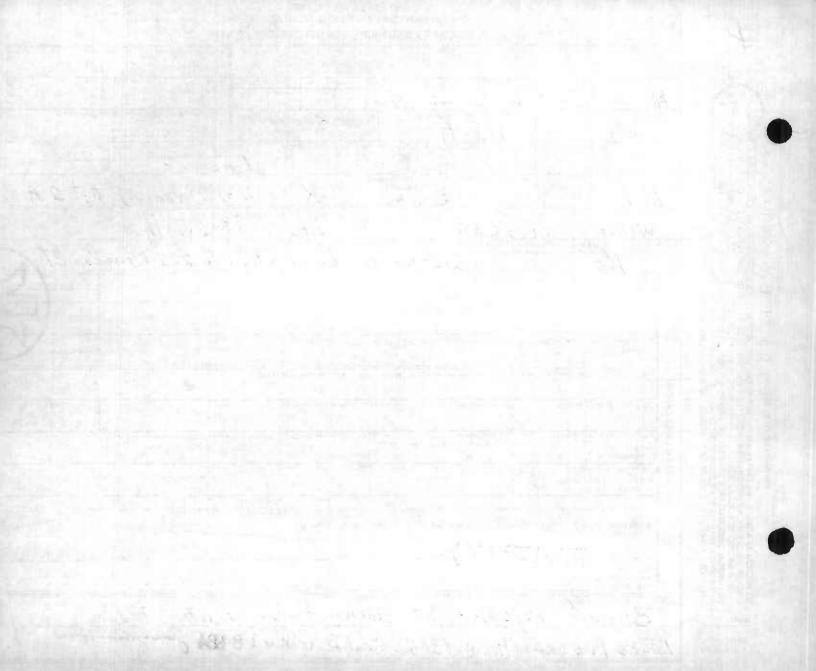
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			EASED NAM	F FIRST		MEL	WIDDLE	EXAMIN	EK 3 C	LAST	CATE		20. DATE KN	REG. NO.	ONTH DA	Y YEAR	Zb. HOUR
	WW. WE		OR PRINT)	Clif	ford		R.		C	keen			OF E	STI-	12-9	1984	
	<b>R</b> E399	3 SEX		4 RACE	5. DATE O			6 AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c DATE	AAC	ONTH DA		2d HOUR
-	0000 0000 0000 0000 0000 0000 0000 0000 0000	Ma	ale	Black		14	09	75 YR	S. MONTH	DAYS	HOURS	MIN	PRONOUNCE DEAD		12-9	1,84	10:0
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	SE S	IO CIT	Y OR TOWN	OF DEATH	11. NAME	OF HOSE	ITAL, NU	RSING HOME	OR OTH	ER INSTITU	TION		JAL OCCUPAT	ION (TYPE OF	WORK 12b	CIND OF BUT	SINESS
	BE PA TI		altimo		336	E. :	26th	Street						J = 11 = 1			
21201	ATH. IF ANY DELAY IS NEC ES 1, 2, AND 310 THE FUN PM 3. RETAIN PAGE S F IND 2 SHOULD BE FILED, W FXIVAL RECORDS OI W. F	130 ST	Md.	(IF IN HURSING HOM		TUTION, GIV	134 CITY Ba	PRIOWN	N)	13d. INSIDE C	NO [	13e STR	36 E.	26th	st.	212	18
BALTIMORE, MD. 2120	URS AFTER DEATH. III. B. GIVE PAGES 1, 2, WITH FORM PM 3. III. PAGES 1 AND 2 S. DIVISION OF XITAL	h	THER'S NAME FIRST Julius		MIDDLE	Ske	een	LAST		із мотні Не	er's maide	NAME	MIDDL	E	Da.	rr	
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ALT	AFT PATE PAGE		No				241	-01-0	199	Flo	oren	ce S	keen	33	6 E.	26th	st.
	N 24 HOURS AF ALONG WITH ALONG WITH JIT PERMIT. PAG Y'CIENE, DIVISI		18 CAUSE C	F DEATH (Enter of									Disease		8	APPROXIMATE	INTERVAL
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NON	THE WENT THE	AI CE	UNDERLYING		H	TIME OF DUR A.M. P.M.		DAY YEAR	21c. HC	OW INJURY	OCCURRE	D (ENTER	NATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)		
DIVISIO	WINTER, THIS CERTIFICATE SHOULD B THICATE, WRITING THE WORD "PEN BE FORWARDED TO THE CHIEF ME ESTORE, PAGE 3 SHOULD BE USED AS HIT THE STATE DEPARTMENT OF HEAN YLAND, 21201 PRIOR TO BURIAL, CR	MEDICAL CERTIFICATION	21d INJURY		21e			(AT HOME,		CATION			CITY OR TOWN		COUNTY		STATE
•	TO MEDICAL EXAMINER: THIS EXECUTE THE CENTIFICATE, WE PAGE 4 SHOULD BE FORWAR TO FUNEAU DIRECTOR; PAGE THE STATING BALTIMORE AN EXTAND, 2127		220 I certi death result ACTUAL SIGNATURE	fy that took cho	rige of the ren		ribed abo Accident		Autop:	, Homic	Inspection cide, SPECIFY) stant	Undet	Inquiry E	er .	my apinior	12-10	-84
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25M	DHMH - 17		NERAL DIREC	TOR	41.6	ADDRESS					25a. DATE I	REC'D. BY	REGISTRAR				
	(VR A1S ME (S))	Wm	С Ма	rch F/F	1 11		E. N	orth	Ave.		DEC	11	1984	Felia Da	vidson-	Aandell	_

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DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-GEORGE SKIPWITH DEATH MATED 15 19 84 1 SEX S. DATE OF BIRTH & AGE IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED 19 84 DEAD TO BIRTHPLACE Th. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City WIDOWED DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Baltimore Johns Hopkins Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDERITY LIMITS? 14 FATHER'S NAME 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED 16h SOCIAL SECURITY NO IYES NO OR UNKNOWN 1 (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Alcoholism IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last HEALTH AND ME AL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? **DIVISION OF VITAL** DEPARTMENT OF 11 PRIOR TO BURIA YES [ NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M EXECUTE THE CERTIFICATE, WRITHING SPORT A SHOULD BE FORWARDED TO FUNREAL DIRECTOR: PAGE 35 A FTER DEATH, WITH THE STATE DEPARATIONE, MARYLAND, 21201 PR 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE X 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes X death resulted from: Homicide Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 12-16-84 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. Ann M. Dixon, M.D. 21201 STATE 07/84 25M 24 FUNERAL DIRECT **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



BELAIR MARYLAND 21014

(VRA 15, 4)

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## STATE OF MARYLAND

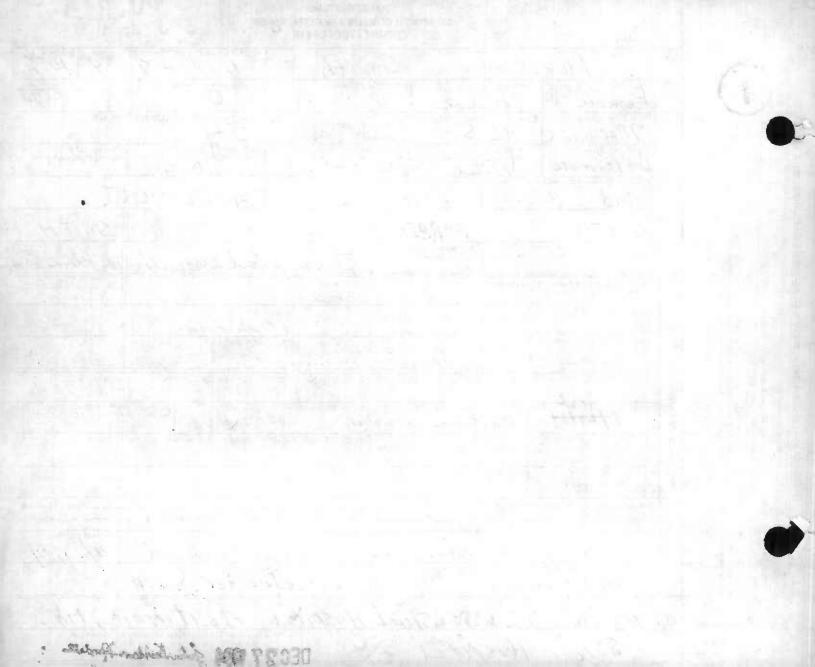
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. 1		REGISTRAR					REG. NO.				
1		CEASED NAME FIRST		MIOOLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR		
		CLAREN			SLIG		DECEMBER 10	1984	8:20AM		
	1. SEX		4 RACE		MONT		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.		
1	7a R10	male RTHPLACE   STATE OR FOREIGN	blac	WHAT COUNTRY?	13	1 18 1909	75 YRS				
7	/ U. DII	S.C.	U S		MARRIE	DIVORCED	BALTIMORE CITY				
20	1	TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	(DORESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR		
4	USUA	ALTIMORE AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION			S HOSPITAL		21	210		
5	13a. S	Md 13b. COU	INTY	Baltimo		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CC 654 Barlett		218		
0	1	THER'S NAME	MIDDLE A.	Harri	5	Sarah	ME	Mil			
٦		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17. INFORMANT	ADDRESS		101		
	(1)	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR OATES)			Erma Hunte	r 654 Barlett				
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per ED BY:	r line far (a), (b), and	I rest				ONSET AND DEATH		
		IMMEDIA	ATE CAUSE (0)	Carciac	HIC	257		Irnn	extente		
7		Conditions if any bit	120	hus							
à		Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
		underlying cause last.  (c) Coronary Actoris Disease									
	2	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (	EVEN IN PART 1	a		
-	ATIO	90 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY? 20b. 1F	YES, WERE FINDI	NGS HSED		
2	CERTIFICATION	DATE OF OTENSION	170 00110	THOSE TO THE THE	OT EXAMPLE	ASTERIORNED	IN CER	TIFYING CAUSES	OF DEATH?		
3		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE	110110 4		Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM	8 PART 1 OR PART 2)			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	(R) P	.M.	19	The social socia					
	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE		OF INJURY REET FACTORY, OFFICE FA	RM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
		27 - I certify that (1) (this hasp	atal) attended th	no deceased from	Do	cember 2 19 84	10 December	10 84	that (1) (we) last		
		saw the deceased alive of abave,(1)(we) (did) (did n					death occurred on the date and h	au and fram the			
		22b. SIGNATURE	at) view the body	after death.		DEGREE		22c. DATE			
		Educh-	7. Kui	I MI	>	ATTENDING PHYSICIAN	MEDICAL STAFF	12-	10/54		
		224 PHYSICIAN'S NAME (TYPE				22e ADDRESS	1 841.15		7-7-7		
Ц		EDITH					topkins Hosp	ITAL			
	- 0	SURIAL, CREMATION, REMOVA		Street Street		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	Мď		
		Burial UNERAL DIRECTOR	12/14	784 M	d Na	t Mem Park	Laurel  E REC'D BY REGISTRAPIZS BEG	ISTO AD'S SICILIA			
	Wi	1111am C. Mai	rch F/F	ADDRESS	N	nth and DE	C 1 2 1984	Davidson	ashron-		
			11 1/1	TTOT D	· TAO	rth Ave					

DHMH - 16 50M 4/B3 (VRA 15, 4)

				STATE OF MAKILAND		
	1 -	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG NO.	2 4 0
7	I AE	CEASED HAME Alan	da MIDDLE	Smith		SY YEAR 26 HOUR 26
(1)	3 SE	Female	1 RACE black	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)  YRS	MONTHS DAYS HOURS
ocetth. P	C	RTHPLACE (STATE OR FOREIGN DUNTEM MARY COAL)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY OR COUNTY	MD
by the fuel within		BA/timore	IF NOT IN SUCH FACILITY, GIVE STREET	ospital.	120 USUAL DECUPATION (TYPE OF WORKING LIF New DOPW	126. KIND OF BUSINESS OR E) INDUSTRY MOTHER PAY CARE MOTHE
hin 24 ho rilled in wild be fi	136 5	and Brown	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 134 INSIDE CITY LIMITS?	310RENCC	CT. 21226
ompletely and 2 sho	14 FA	C'EURTIS	BARBI	ER ASLANA	OA MIDDLE	SMITH
e be exected an and consider 1 sages 1 in the me		VAS DECEASED EVER IN U.S. AR es, no or unknown) [1# yes, givi	MED FORCES?   166 SOCIAL SECU Mother =	RITY NO. 17 INFORMANT YELSA Q	Told 2303 Wilke	ace Colordalma
death certifica ending physic carbon paper on, or remova traumatic eve		PART I. DEATH WAS CAUSE IMMEDIAT	uly one couse per line for (a), (b), one D BY TE CAUSE (a) DUE TO, OR AS A CONSEQUE	ic and		RETWEEN ONSET AND DEATH  83 MM.
equires that the organization of the att organization of the att organization, or other org		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	el I resmy	13	
e has been s ermit. The	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED  OPERATION WAS PERFORMED  ADM 4185.	200 AUTOPSY? 206. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
PHYSICIAN ng physician. this certificat urial-transit p Mental Hygid or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, P	
attending Pratter the as the bur as the bur alth and M se marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY TAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TE OF USE He		saw the deceased alive an abave, (1) (we) (did) (did no	tal) attended the deceased from	, and that in (my) (aur) opinion	, to, death accurred an the date and hou	19, that (1) (we) last r and from the causes stated
Y the hospital y the hospital y the hospital RAL DIRECT detached for itate Oept. of	-	226. SIGNATURE	Dhuen	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	11/29/84
TO HOSPITAL retained by the h TO FUNERAL E should be detach with the State 0		4.	ens.		ere Ave Sinait	losp.
BP	d	URIAL, CREMATION, REMOVAL	119 1-80 -	HAL HOSPITAL	23d LOCATION CIDERTOWN FINO	COUNTY MATATE
DHMH-16 25M (VRA 15, 4) 1/79	24 FL	INERAL DIRECTOR (	Hospital	NECT	E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

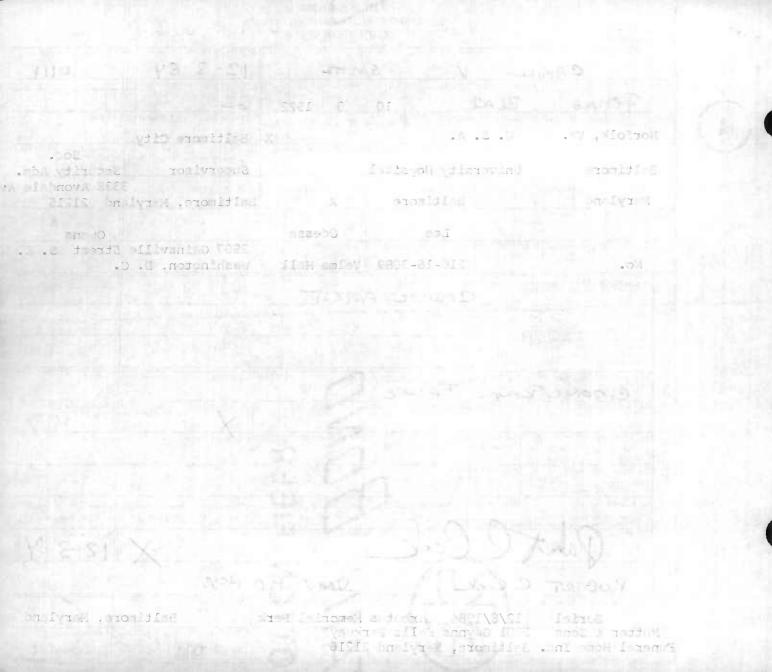
STATE OF MARYLAND



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	-	em 13e per pho FOR STATE	one 1/11/85 dad DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL	SIENE 3 3	949
	1. DEG	REGISTRAR  EASED NAME FIRST	MIDDIE	CERTIFICATE OF DEATH	REG. NO.	H DAY YEAR 26. HOUR
B 31	(TYPE	Bess:	ie E. S	mith	December 22	. 1984 11:15E
7	3. SE	emale	4. RACE 201. 2	5. DATE OF BIRTH  MONTH  DAY  YEAR  95	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
11 40		RTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	
by the filed with	1	y or town of death altimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Maryland Gene		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSE WILE	
miled in	JUSU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	LIL STREET ADDRESS / ZIP	820 Edmondgon
mpletely ond 2 showing	14. FA	THER'S NAME	MIDDLE PERKIT	15. MOTHER'S MAIDEN NA		Perkins
Poges 1		VAS DECEASED EVER IN U.S. AF res, no or unknown) (IF yes, gi	RMED FORCES? 166 SOCIAL SECU		ADDRESS	
physicial moval.		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tending e corbo on, or re umotic e		Canditians, if any, which	DUE TO, OR AS A CONSEQUI	ENCE OF		
y the of cremoting		gave rise to immediate cause (a), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUE			
signed b	Z			DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART TIG
sermit. T	CERTIFICATION	Decubitus U		OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
is certificate his certificate his burial-transit partial Hygier or frem 8 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	
the buri	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION	CITY OR TOWN	COUNTY STATE
TOR: Afr		22a I certify that (X(this hosp	oital) ottended the deceased fram		4 to December death accurred on the date an	22 19 84 . that (W(we) last and haur and from the causes stated
the hosp L DIREC stoched f te Dept. o		27b. SIGNATURE	de viewinje body offer death.	D DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 12/22/84
etoined by the TO FUNERAL should be deto with the State	4	224 PHYSICIAN'S NAME (TYPE	· · · /	22e ADDRESS	and General Ho	
BP 6	1	URIAL, CREMATION, REMOVAL	1 236 DATE 236 84 Be	NAME OF CEMETERY OR CREMATORY	123d LOCATION BITY OF JOHN	COUNTY NICE PATE
H - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR	1208 W. Maxib		TE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE

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/	-1/		1.	FOR STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	SIENE 3 3	2 4 4
	9"	ł	I. DEC	REGISTRAR EASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY WEAR 26. HOURS
4 moy b	ofer des		3. SEX	Male Dennis	A. RACE Black	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Poge	n 72 hours	49	70. BII	THPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNTY Baltimore	City MD
s offer de	by the fune iled within forified of	31	B	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
n 24 hour	hauld be f	35	13a S	Md. 1930	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 134 GITY OR TOW BOLL TO	N 194. INSIDE CITY LIMITS?	4725 Bonnie	Brae Rd.
red with	completely 1 and 2 sh	30	7	ames	MIDDLE Smit	15. MOTHER'S MAIDEN NA FIRST  James  James  Lange  James  James	ME MIDDLE ADDRESS	LAST
pe execu	Poges medic	2		PAS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 260-30-	09/8 Annie B.Sm	ith 4725 Bonnis	Brae Rd.
ertificate	ng physicio bonpopers. r removol. ic event, the			PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), on D BY: 'E CAUSE (o)	intry anrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e deoth c	ed by the ottending sleose remove corb- riol, cremation, or r or other traumatic			Conditions, if ony, which gove rise to immediate couse (a), stating the	)	ending interinmutary	polynewgathy	weeks
es that th				underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF	MINAL DISEASE OR CONDITION GIV	/EN IN PART 110
ow requir	been signi rmit. Then p prior to bu ony injury,	a	CERTIFICATION	Multiple Myel	Chynic Chynic 196. CONDITION FOR WHICH	Renal Failure OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
AN: The linkysicion.	ificate has been in- tronsit permit.	9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 21c. HOW INJURY OCCUR		S NO
G PHYSICI/	buriol Mente or Item	/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
200	OR: After the or use os the f Heolth one is morked			22a I certify that (I) this hospit sow the deceased alive on	tol) offended the deceased from	ond that in many opinion	death occurred on the date and how	19, that (h) (we) lost or and from the couses stated
I OR ATTER	NI DIRECT etached for te Dept. of if If Hem 2			obove (I) we) (dia) (did no	view the body offer death.	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	12/26/84
HOSPITA	FUNERA old be di h the Sto	1		22d. PHYSICIAN'S NAME (TYPE O	Goldman	PSKM C 49		Bolt MD
₽ € BP.	Ot shall	·		URIAL, CREMATION, REMOVAL	000000000000000000000000000000000000000	NAME OF CEMETERY OR CREMATORY  Lyrison Forest Cem	23d LOCATION CITY OR TOWN	COUNTY STATE
	16 50M 4/83 A 15, 4)	3	24 FL	NERAL DIRECTOR NAME OF DUET 46	,00 Liberty POREH		TE REC'D. BY RECUSTRAR 256 REGIS	TRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL SEYGIENG CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH 26. HOUR IF UNDER TYEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY MERCHANTMARINE 13e.STREET ADDRESS / ZIP CODE 15 MOTHER'S MAIDEN NAME MIDDLE LAST Alga Smith -Same as #13 Mrs. GISTRATION

> 70a AUTOPSY? 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO

> > CITY OR TOWN

YES |

COUNTY

STATE

STATE

and that in (my (au) opinion death occurred on the date and hour and from the causes stated

THE DATE SHOWED MEDICAL

CITY OF TOWN COUNTY

Anatomy Board

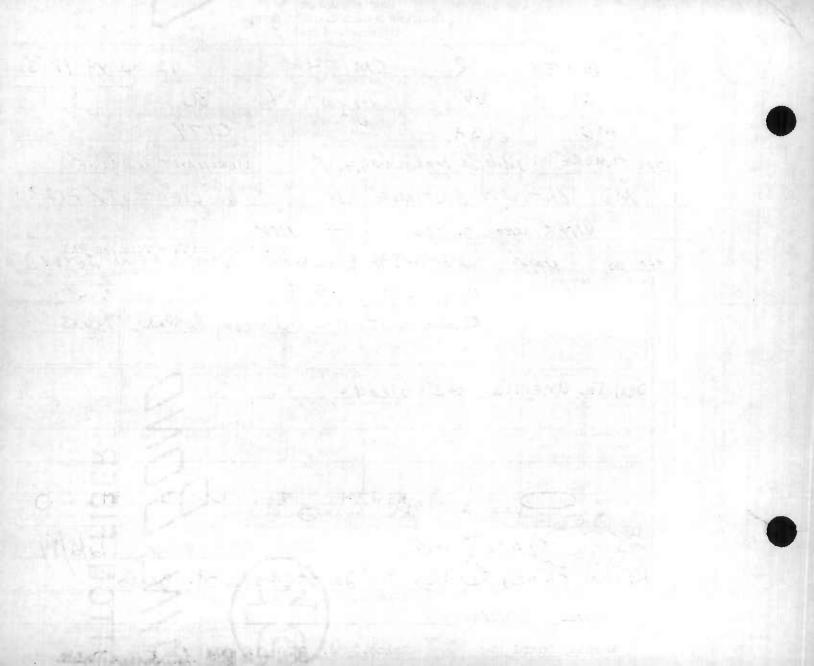
24 FUNERAL DIRECTOR

- STATE

REGISTRAR

ADDRESS Balto., Md. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HEGIENES

3 3 2 4 6

12b. KIND OF BUSINESS OR

12a USUAL OCCUPAT

20a AUTOPSY?

Į,	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	DECEASED NAME FIRST (TYPE OR PRINT) HEN	NRY LOUIS	SMITH	DECEMBER 29,	1984	26 HOUR P
3	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	WHITE	MARCH 21 1913	71 <sub>YRS</sub>	MONTHS! DAYS	HOURS MIN
7	a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY USA	** ** MARRIED ** NEVER MARRIED ** WIDOWED ** DIVORCED **	BALTIMORE CITY OR COUNT		MD

BALTIMOR	E THE	JOHNS HOPKII	S HOSPITAL	MACHINIST	RATLROAD
USUAL RESIDENCE (IF	NURSING HOME OR OTHER INSTI	TUTION GIVE RESIDENCE BEFORE ADMISS	ION)		
13a STATE	136 COUNTY			13e STREET ADDRESS / ZIP CODE	
MD.	***	BALTIMORE	VECX NO 🗆	1625 CTADEMAY	21212

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

4635 CLAREWAY 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WILLIAM MIDDLE MIDDLE MILLER ELIZABETH SMITH 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS IYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 705-12-5059 (WIFE) NO DOROTHY SMITH SAME ADDRESS

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last Carcinoma Metastatic to Live

ATION

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

				YES NOT	YES T	S OF DEATH?
ראר רבא	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	EY IN ITEM 18 PART I OR PART 2)	
310		21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)	21F LOCATION STREET	CITY OR TO	wn COUNTY	STATE

saw the decease abave, (1) (we)	d alive an 12	129 19 g	1 .	y) (aur) apinian	,	an the date on	that (I) (we d have and from the causes state
22b. SIGNATURE		11/10	DEGREE	ATTENIONIO	MEDICAL	CTAFF	221 DATE SIGNED

VI Vell	PHYSICIAN DIREC	TOR PHYSICIAN	10/29
Reymond Plack	220 ADDRESS JOHN		BALTO. MD.

23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
CREMATION	1/2/85	GREENMOUNT	BALTIMORE	COL
24 FUNED COST-TAKTIBITETE T	TITLE T T COLL	E THE		

\*3331 Brehms Lane, Batto. 21313

DEGISTRARIZED REGISTRAR'S SIGNATURE - 4

MD.

lost

STATE

206. IF YES, WERE FINDINGS USED

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached

0

BP

MPORTANT

200

ental Hygier certificate

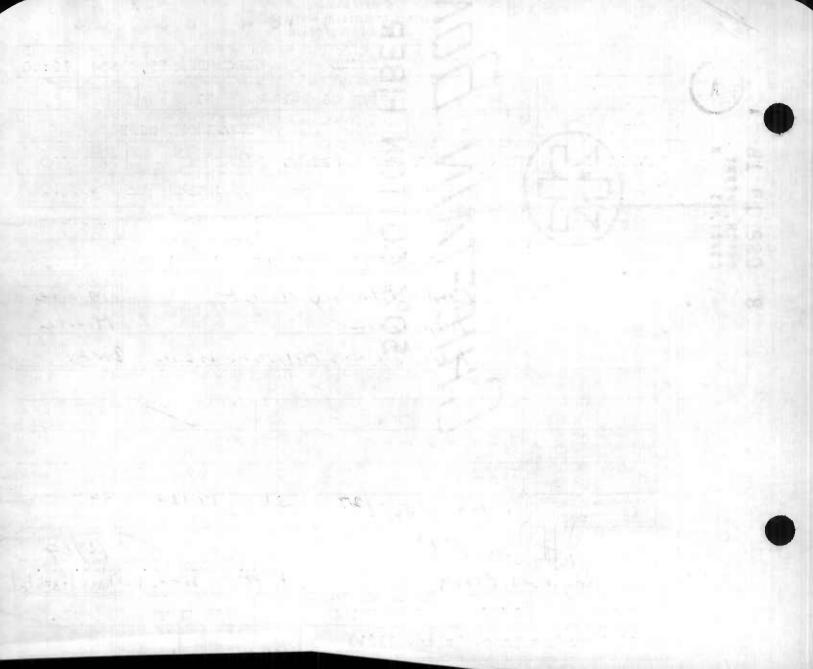
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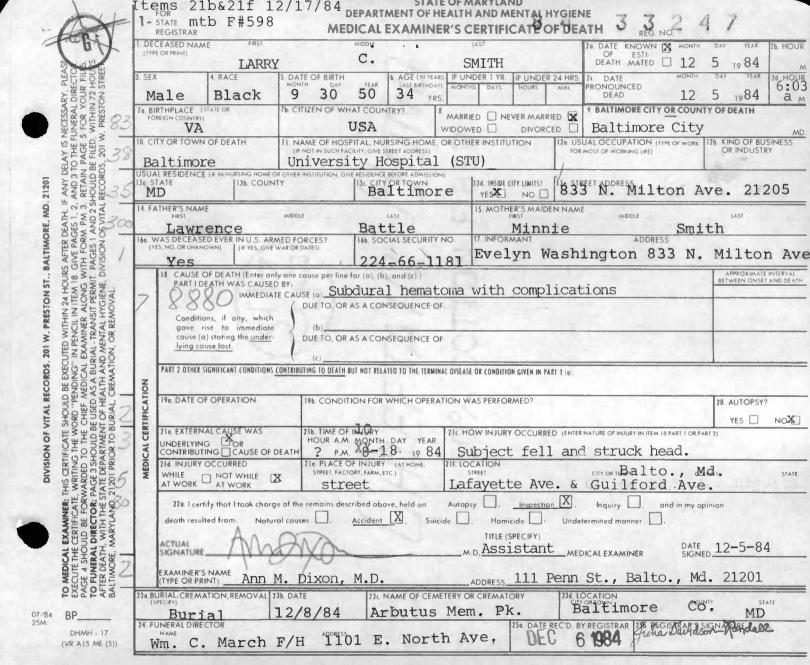
10 CITY OR TOWN OF DEATH

190 DATE OF OPERATION

22d. Ph

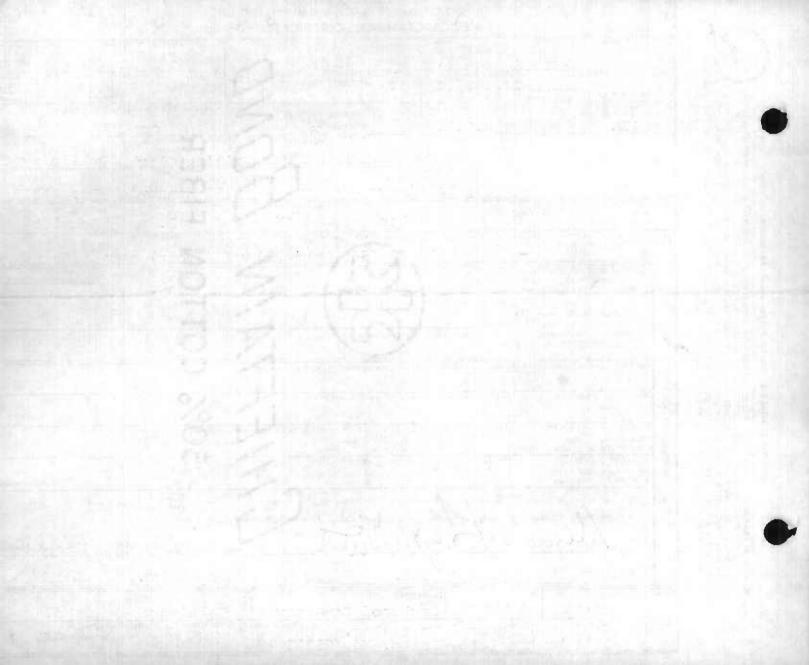
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1	10		REGISTRAR	E FIRST	7416	MIDDLE	EVAMILIA		AST	ATE OF D		REG. NO.		To
(	RY		E OR PRINTI	Lill	ian	K.			mith		OF ES		2-31 19 84	2b. HOUR
-	96368	3. SEX	(	4. RACE	5. DATE OF BIRTH		6 AGE (IN YE	ARS IF UN	DER I YR. I	F UNDER 24 H		MON	TH DAY YEAR	2d HOUF
	VECESSARY UNERAL DII S FOR YOUR WITHIN 72 PRESTON		FEMALE				81 Y	RS. MONTH	S DAYS	HOURS MIN	PRONOUNCED DEAD	1	2-31 1984	2:55 a. M
	IS NEGESSARY HE FUNERAL DIII SE 5 FOR YOU ED, WITHIN 72	7a. Bi	RTHPLACE (5)	TATE OR	76 CITIZEN OF W		VIRY?	8. MARRIE	D NEVI	ER MARRIED (	9. BALTIMORE	CITY OR CO	UNTY OF DEATH	
	AND STATE OF THE PROPERTY OF T		MD.		U.S	.A.		WIDOW		DIVORCED	□ Balti	more C	ity,	MD
	N SEGENT	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HO	ACILITY, GIVE !	STREET ADDRESS				USUAL OCCUPATION	IFE)	OR INDUST	RY
	A SE POSTO		altimor		Francis	Scot	t Key I	Medic	al Cer	nter Ma	ailing C	lerk	Publici	ity C
21201	PEATH. IF ANY DELAY IS NI SES 1, 2, AND 3 TO THE FU A PM 3. RETAIN PAGE 5 AND 2 SHOULD BE FILED. VALUE OF A PM 3 THE PM 2 SHOULD BE FILED. VALUE OF A PM 3 THE PM 3 T	13a S	TATE Md.	(IF IN NURSING HOME (	OR OTHER INSTITUTION, C	13c. CITY	e BEFORE ADMISSING OR TOWN		13d. INSIDE CITY		STREET ADDRESS	newic	k Rd 21	1218
Q.	1. IF	14. F/	THER'S NAME						15 MOTHER	S MAIDEN N			K RG. Z.	1210
ZE,	SOS NO PAN		Alber	t	C.		Eben		FIR	Lily	A		Schmid	lt
WO	005.0	16a V	VAS DECEASEL	DEVER IN U.S. AR		16b. SO	CIAL SECURIT	Y NO.	17. INFORMA	ANT	AC	DDRESS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	JRS AFTER DE 3. GIVE PAGE WITH FORM I. PAGES I AN DIVISION OF		no		WAR OR DATES)			5502	Mari	e Lloy	yd (dght	r) sa		
T.			18 CAUSE O PART I DE	ATLIBATAC CALICE	ly one couse per lin							-170	APPROXIMAT BETWEEN ONS	TE INTERVAL ET AND DEATH
NO	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D			IMMEDIA	TE CAUSE (0) A				Cardio	vascul	ar Diseas	e		
EST	THIN 24 I		Condition	ns, if any, which	DUE TO, OI	R AS A CO	NSEQUENCE (	OF						
2	WE A SERVICE THE S		gove ris	se to immediate			100							1.55
201 W	PENDING" IN PENCIL IN IT PENDING" IN PENCIL IN IT PARDICAL EXAMINER ALC D AS A BURIAL - TRANSIT PHEALTH AND MENTAL HYG I, CREMATION, OR REMOV		lying cou	stating the <u>under</u> - se lost.	DUE TO, OF	R AS A CON	NSEQUENCE (	OF .						
DS.	DE EXECUTEI ENDING" IN I MEDICAL EXA AS A BURIAL ALTH AND MI CREMATION,		PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	I BUT NOT REL	ATEO TO THE TERM	INAL OISEASE	OR CONDITION	GIVEN IN PART 1 (a	1			
Ö	"PENDING BE EX "PENDING BE AS A E HEALTH ALL, CREMA	NO												
L RE	AL. O	CERTIFICATION	190. DATE OF	OPERATION	196 COND	ITION FOR	WHICH OPER	ATION W	AS PERFORM	ED?	3,30		20 AUTOPSY	?
VII	38225	E								14.1	42.5		YES 🗆	NOXX
9	A SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		210 EXTERNA	L CAUSE WAS	21b. TIME O HOUR A./		DAY YEAR	21€ HC	W INJURY C	OCCURRED LEN	NTER NATURE OF INJURY IN	I ITEM 18 PART 1 O	R PART 2]	
O N	A PACION A P	MEDICAL		NG CAUSE OF			19	10111101		39				
DIVIS	SIST THIS CERTIFICATE SHOULD ENTER, WRITING THE WORD, "PEN ORWARDED TO THE CHIEF ME PAGE 3 SHOULD BE USED A RESTATE DEPARTMENT OF HEAD ID, 21201 PRIOR TO BURIAL, CI	MED		NOT WHILE C	21e PLACE STREET, FAC	TORY, FARM, E		211 LOC ST	REET		CITY OR TOWN		COUNTY	STATE
	E. THIS C RWARD PAGE: STATE 5, 21201				e of the remains de	and.					1			
			deoth resulte		al courses XX	F		Autops	y L	Inspection L	Inquiry XX	and in my	y apinion	
	IREGIAN ARYL		deom resone	10000	MY	2	11/		TITLE (SPE		naeterminea manner	<u> </u>		
	ALDIOUGH WALL		ACTUAL SIGNATURE	well	ma 1	my	mill	111	Assis	stant ,	MEDICAL EXAMINER	DA	TE 12-31	-84
	NE STATE		EWA MAINTERIC	A14445	00	0								
	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALZIMORE, MARYLAN		EXAMINER'S	vr) Deri	nis F. Sm				10011200		n St., Ba	lto., N	Md. 2120	1
	527759	23a.B	PEC (FY)	TION, REMOVAL			NAME OF CEA				LOCATION CITY OR TOWN		COUNTY S	TATE
07/84 25M	BP		Bur	ial	1/3/85	P	arkwoo	od Ce	emete:	ry	Baltim	ore	Md.	
23M	DHMH - 17	74. FI	NAME DIRECT	chimune	k Funer	al H	ome, I	Inc.		E A B E /5	D. BY REGISTRAR 25	PREGISTRAR	SSIGNATURE	Q_ #
	(VR A15 ME (5))		3	331 Bre	hms Lan	e, B	alto.	Md.	2121	3.1411	1303		1/100	



and 2 should be filed

should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT ACTIVISIENE CERTIFICATE OF DEATH

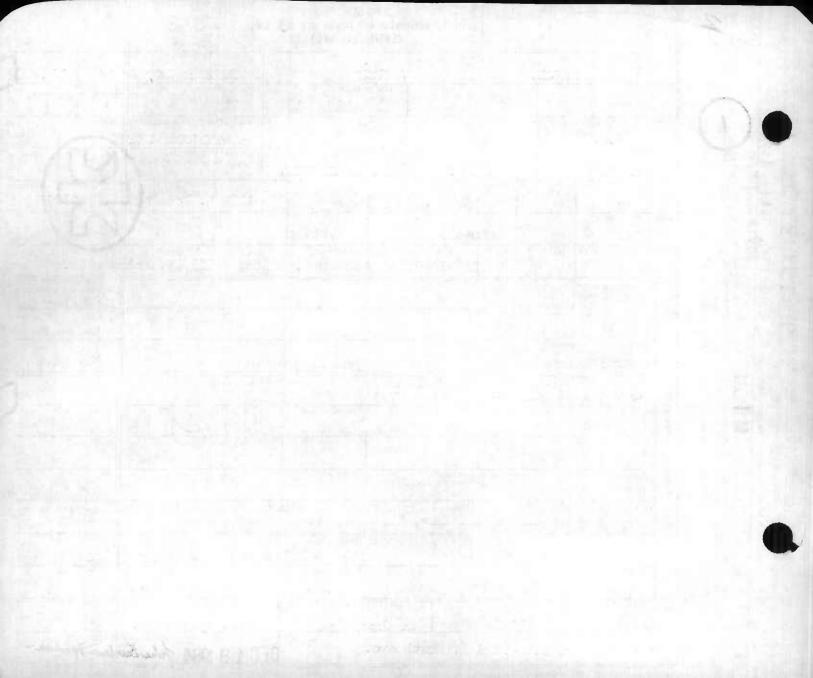
3 2

		REGISTRAR						REG. 1	10.			
		CEASED NAME FIRST	M	IDOLE	Ĺ	AST		20 DATE OF DEATH	MONTH	OAY YEAR	2b HOUR	
		NELI	A	M	SMIT	H		DECEMBER	14,	1984	11:48	
3	. SEX		4 RACE		5. DATE C		WE AR	6 AGE (IN YEARS LAST B	RTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
		Female	Black		11	25 <sup>PAY</sup>	ľŜ	71	YRS	MONTHS DATS	HOURS MIN.	
7		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8.	M NEVED	MARRIED -	9 BALTIMORE CITY		Y OF DEATH		
7		S.C.	USA		WIDOWE		IVORCED [	BALTIMO	RE C	YT	MD.	
1	0 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST			F BUSINESS OR	
3	B	ALTIMORE	JC	HNS HOP	KINS	HOSP	ITAL	(TIPE OF WORK TOK MOST	01 11011110	UI E I II I I I I I I I I I I I I I I I		
		TATE 136 COUP		Balto.		136 INSIDE (	CITY LIMITS?	13 SIREEJ ADDRESS	otoma	č St.	21213	
20		THER'S NAME Robert	McDc McDc	owell			s maiden na	WE	1	LAS	1	
1	6a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORM	ANT	ADDI		11 13 7		
	1.0	NO (IF YES GIV	E WAR ON DATES	217-14-92	234	James	B. Smi	th 1218	N. P	otomac S	St.	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	BETWEEN ONSET AND DEATH									
		Conditions if any tisk	Das	- hons								
		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)	asri	1							
		underlying cause lost.	DUE TO, OR	AS A CONSEQUE	NCE OF	cardia	a duje	cale		See	cades	
	NO O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a										
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERF	ORMED	RMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH: YES NO NO				
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	ALIA .	MONTH DA	Y YEAR	21c. HOW II	NJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM TO	PART ( OR PART 2)		
	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE ALL WORK	21e PLACE C	OF INJURY ET, FACTORY, OFFICE FA	ARM ETC )	211 LOCATI		CITY OR I	OWN	COUNTY	STATE	
		220 I certify that (I) (this hospi			24	13	19_84	death accurred on the			that (1) (we) lost	
		sow the deceased give on above. (1) we) (did) did no 22b. SIGNATURE	it) view the bady o	ifter death.		DEGREE	, (our ) opinion (	deom occorred on me	Jule und IR	22c DATE		
		ann	: Mon	rill			ATTENDING PHYSICIAN	MEDICAL ST.		12	14/84	
		22d. PHYSICIAN'S NAME (TYPE O	Mori U			220 ADDRE	shud	Hopkins	t got	d		
2	3a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR	CREMATORY	236 LOCATION CITY OR TOWN	1	COUNTY	STATE	
	В	burial	12/18/	84 Wo	odla	vn Cem		Baltimor				
2		Im C'EMarch F. H	. 1101	E. North	n Ave		250. DAT	C 1 8 1984	gelia.	STRAR'S SIGNAT	fandelle	
100									+1			

DHMH - 16 60M 7/B (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate bes



STATE OF MARYLAND

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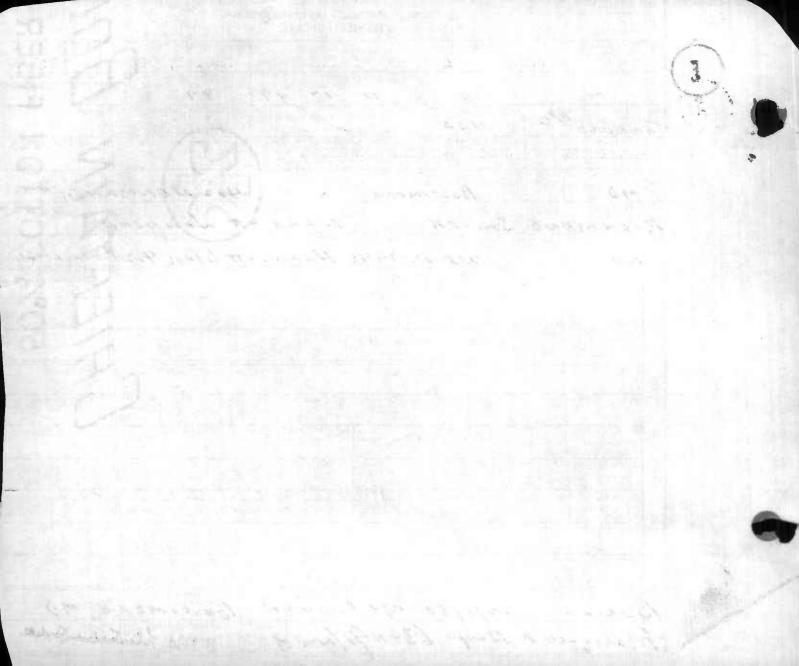
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL FIGURE

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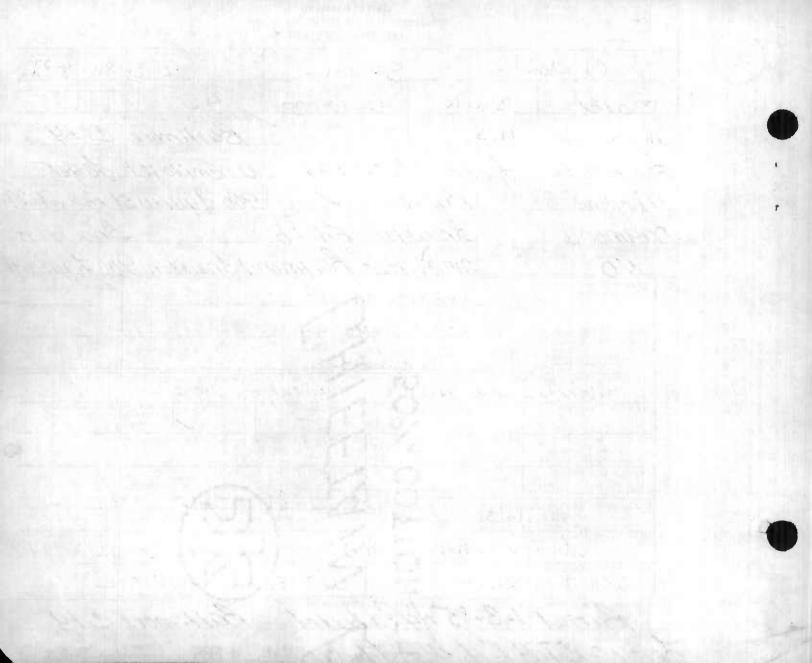
T	1-	STATE REGISTRAR	DEPAR		FICATE OF DEATH	REG. N	10.					
T	DEC	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR			
M	21172	WILLI	CAM 4		SMITH	DEC. 1,	1984		2:15A <sub>M</sub>			
1	L SE)		4 RACE		OF BIRTH	& AGE (IN YEARS LAST BI	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I		IF UNDER 24 HRS			
1		17	0	MONT	17 97	87	YRS	DAYS	MIN.			
1		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH				
7	-	MAONO	ZISA	WIDOW		BALTIMO	RE CITY		MD.			
3		TY OR TOWN OF DEATH BALTIMORE	JOHNSHEHOPKT			120 USUAL OCCUPAT		KIND OF USTRY	BUSINESS OR			
5	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF ITATE	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 134. CITY OR TO	WN .	13d INSIDE CITY LIMITS? YES NO [	13e.STREET ADDRESS		~ D4	100			
ī	4 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAST	21229			
	13	1014MOND	SMITH		MARRIO		INSON	EAST.				
1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR		,				
		NO	215-12	-344	O HARRI.	577 G/ASS	4,2 h		ANDY			
		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), o	nevicil	L			APPROXIM SETWEEN OF	ATE INTERVAL			
		IMMEDIATE CAUSE (0) VESP WATERY GrrEST										
1			DUE TO, OR AS A CONSEO	JENCE OF				2	111 -			
		Conditions, if any, which gave rise to immediate	( 1b) OA F	ell	- th			しか	nes			
		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	JENCE OF								
1		PART 2 OTHER SIGNIEICANT	(c)CONDITIONS CONTRIBUTING TO	DEATH BUT	I NOT BELATED TO THE TERM	AINIAI DISEASE OD CON	IDITION COVENIN	DARY I				
	NO	TARY 2. OTHER SIGNIFICARY	CONDITIONS CONTRIBUTING TO	Z DEATH BO	THO RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN	PART HO				
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE					
2	TIFIC	A SHOW SHOW				YES NO NO	IN CERTIFYING (	LAUSES	NO [			
3	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART I OR	PART 2)				
7	CAL	OR CONTRIBUTING CAUSE OF DE	Ald	19								
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	SARM STC 1	21f LOCATION	CITY OR TO	OWN CO	YINU	STATE			
1	2	AT WORK AT WORK	TAT TOTAL STREET, TRETONT OFFICE	, rann ere j								
			ital) attended the deceased from		19.84		. 19_0	,	not (II (we) fost			
			of view the body ofter death.	<del>Y -1</del> , o	nd that in (my) (our) opinion	death occurred on the d	ote and hour and fi	rom the co	ouses stated			
1		226 SIGNATURE	11.		DEGREE ATTENDING	MEDICAL STA		c. DATE S	IGNED			
4		Hemtr	Merene	R	1// ) PHYSICIAN [	DIRECTOR PHYSIC	CIAND	14	1			
4		228 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS	181 -1						
4		Vimitri	Merine		1600 N. W.							
1	23a B	HURIAL, CREMATION, REMOVAL	236 DATE 230	NAME OF	AUSUR AN	23d. LOCATION  SCITY OR TOWN	MONG	IV M	STATE			
1	24 FL	NERAL DIRECTOR	a Manera Afresa	6N6	7/4 250 DAT	TE REC'D. BY REGISTRAR	1256 BEGISTRAR'S	SIGNATU	ander			
	/	lars 3 me	60	/	1 to mary	EU 3 1984	- Juna van	WOI TO				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR Snowder (TYPE OR PRINT) nton 4. RACE 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH YEAR Black 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME 136 COUNTY 15 MOTHER'S MAIDEN NAME MIDDLE IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntol (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death DEGREE 22r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould b MPORTA HOSPITAL 23a BURIAL, CREMANION, REMOVAL OF CEMETERY OR CREMATORY BP 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL DHMH - 16 50M 4/B3 (VRA 15, 4)



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALEHY GIENE

3 3 2 5 4

	100	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
		EASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	{ IANE	Noames	~	Sn	rudon		12-19-8	4 1115 Am
	1.5EX		4 RACE	5 DATE O		6 AGE IN YEARS LAST BIR	THDAY) IF UNDER TYE	
	1	Male	Book	MONT	15 - 10	74	YRS	TOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEATH	1
15		MD,	USA			BAlti	more C	ity MD.
2	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPIT		OR OTHER INSTITUTION	12a USUAL OCCUPAT		OF BUSINESS OR
10	13.	oltimore	MISINAL	NSS HOL	n e	UNEMPlea	11	Home
	U5UA 130 S	A RESIDENCE (IF NURSING HOME OR		TY OR TOWN	134 INSIDE CITY LIMITS?	13A STREET ADDRESS	/ 7ID CODE A	
5	130 3	MD CI	TY BA	1 KIMORE	YES NO [		ULL AVE	21225
	14. FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE		1451
00		Com	-	water	61:20		Mullb	2447
		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b SC	OCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS	
1		NKNOWA	21	7-85-64	18A, Annie	Williams	2515 Ro	-6A 60m
		18 CAUSE OF DEATH (Enter on	ly ane cause per line for	r (a), (b), and (c).)			BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
	Z.	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	Linken	•			
			DUE TO, OR AS A	CONSEQUENCE OF				
		Canditions, if any, which	( (b)	CUTE-V	der -			
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF			THE RESERVE	
		underlying cause last.	( (c)					
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN PART	110
	CERTIFICATION	COPP					Tank NEWES WEST EN	22100
9	I V	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?
1	RTI		The state of hill	av.	Tax now himsy occurs	YES NO	YES 🗌	NO []
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART I OR PART	2}
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	211 LOCATION			
	MED	214 INJURY OCCURRED	21e PLACE OF INJI	TORY, OFFICE FARM ETC }	STREET	CITY OR TO	OWN COUNTY	STATE
		AT WORK		ased from 24	OCTORER 10 BY	10 19	Dec 10 84	
		220.1 certify that (I) (I	attended the deced	\$43	nd that in (my) (x(r) opinion			_, that (we) last
		above, (I) (y () (shift talid be 22b SIGNATURE	to ew the bady alter d	eath	DEGREE			ITE SIGNED
	100	Cy	Men. Ler	_	ATTENDING	MEDICAL STA	FF _ 12	Prila
b		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS	- DINECTOR - TITISH		
		MUNR	M. LERL	on ho	7640 F	rela la 2	wit	
73	23a B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	_	Burial	12/26/84	Mt. At	uburn Cem.	Balti	more	MD
	124 EI	INEDAL DIRECTOR			25n DAT	TE REC'D BY REGISTRAR	1956 DECISTRAP'S SIGN	ATLIRE

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

Wm. C. March F/H 1101 E. North Ave.

DEC 27 1984 Julia Davidson-Mandage

Committee of the second second

25	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAGE ICATE OF DEATH	"	3 2 NO.	5 5	
4		CEASED NAME OR PRINT)	MIDDLE	Sn	yder	20. DATE OF DEAT	12 2	5 84	12/50 AM
ge 4 mo	3. SE	$^{\times}$ $M$ ale	4. RACE Wh/k	5. DATE C	DE BIRTH	6. AGE (IN YEARS LAS		UNDER I YEAR	HOURS MIN.
heath Pa		RTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIE WIDOWE	DXX NEVER MARRIED	9 BALTIMORE CIT	H- CH	F DEATH	MD,
by the filled w	10. C	Bulto, City	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE			12a USUAL OCCUP (TYPE OF WORK FOR MC Salesman	OST OF WORKING LIFE)	INDUSTRY	BUSINESS OR Uniform
filled in nould be	13a	AL RESIDENCE (IF NURSING HOME OR BTATE 13b. COUN Nacyland 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE 13(. GITY OF	BEFORE ADMISSION) TOWN imore	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRE		ights A	٧٤، 21215
ond 2 sh		Isaac Snyo		iT.	is. mother's maiden n First Reva	AME	Mill	ner LAST	
on ond co		VAS DECEASED EVER IN U.S. AR yes, no or unknown) (if yes, giv No	/E WAR OR DATES)	SECURITY NO. 01-0798A		77,00	DRESS Apt. 5503 Park		21215 its Ave.
uires that the death certificate signed by the ottending physici en please remove carbon pape buriol, cremation, or remaval.	z	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, il any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	SEQUENCE OF	NOT RELATED TO THE TER	RMINAL DISEASE OR C	ONDITION GIVEN		MARE INTERVAL
he law red ian. has been the prior the prior the prior the ows only in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFY IF	VERE FINDING NG CAUSES (	GS USED OF DEATH? NO
PHYSICIAN: 1 ending physic this certificate the buriol-frons and Mental Hyg d or Item 18 sh	MEDICAL CER	. 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	110	DAY YEAR	211 LOCATION STREET		NJURY IN ITEM 18 PART	OR PART 2)	STATE
ATTENDING ospital or att ECTOR: After id for use as th it, af Health or m 21 is market	<	WHILE AT WORK AT WORK  220.1 certify that (I) (this haspi saw the deceosed olive an abave, (I) (we) (did) (did no 22b SIGNATUR)	tal) attended the deceased 1	rom	d that in (my) (our) opinia	A, to 12 - 2	, 19 e date and haur a		
TO HOSPITAL OR retoined by the h TO FUNERAL DIR should be detoche with the Stote Der		22d PHYSICIAN'S NAME (1)	Berger	MAN	ATTENDING PHYSICIAN	MEDICAL SI DIRECTOR PHY	Balt.	Dec.	25,1984
BP		URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	DEC. 26,1984	1 P. T. S. S. S. S.	EMETERY OR CREMATORY Z CHAIM	BALTIM	MORE, MAR		STATE
MH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR NAME  OL LEVINSON & BI	ROS. INC. 6010	REISTER:	STOWN RD	AN 3 1985		R'S SIGNATU	

W 21 1 1 2 1 2 1 2 1 

12	FOR STATE REGISTRA	8	DEPARTA	STATE OF MARYLAN MENT OF HEALTH AND MI CERTIFICATE OF DE	ENTAL HYGIE	REG. NO	3 2 5	6
(ii)	I. DECEASED NA (TYPE OR PRINT)	JOHN	ROBERT	SNYDER	Sn. 20	DATE OF DEATH	12/24/8	10.110011
0	3. SEX MAL		WHITE	S. DATE OF BIRTH	1913	AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
nerol dir	70. BIRTHPLACE		USA	MARRIED NEVER MA	ARRIED . 9.	Baltimo Baltimo		H M
by the fu	Balti	none /	NAME OF HOSPITAL, NURSIN (IENOT IN SUCH FACILITY, GIVE STREET St. Agnes Hosp	oital	9	O USUALOCCUPATION OF OF WORK FOR MOST OF	WORKING LIFE) INDIAS	nd of Business of
filled in nould be	Manula	nd Anne H	RINSTITUTION, GIVE RESIDENCE BEFORE 132. CITY OR TOW 1 rundel Linth	cum YES -	10 <u>M</u> 0	e street appress 111 North	Hammonds	21090 Fenny Rd.
ond 2 st	14. FATHER'S NA. Pet	MIDDI	Snyo		ast A	Lone		Houck
n and co	160 WAS DECEA (YES NO OR UNI	SED EVER IN U.S. ARMED NOWN) (IF YES, GIVE WAI	OR DATES!		· Snyde	r Same a		
uires that the death certifica signed by the ottending phys ten please remove carbon pag burial, cremation, or remove ury, or other traumatic event,	Condition gove rist couse (c underlyin	s, if ony, which to immediate l, stating the couse lost	DUE TO, OR AS A CONSEQUE  (c) CONTRIBUTING TO I	ince of human of the	e Dem	AL DISEASE OR COND	DITION GIVEN IN PAI	10 min
on. hos been s t permit Th ene prior to	I 9a DATE C	F OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORM	MED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES	
SICIAN: T ng physici certificate miol-tronsi entol Hygi	OPCONTRIB	NT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR 19		ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAR	27 2)
NG PHY offer this frer this os the but it and M	(IF EITHER 21d IN JUR	OCCURRED  NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET		CITY OR TOV	VN COUNT	Y STATE
TO HOSPITAL OR ATTENDIR retained by the hospital or TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Health WPORTANI: if them 21 is mo	sow tobove 22b. SIGNA 22d. PHYSI	TURE ANY S NAME (TYPE OR PRI	OHMEY	DEGREE	TENDING	th occurred on the do  MEDICAL STAF DIRECTOR PHYSIC	220.0	, mor (ii (we) to
BP	23a. BURIAL, CRE	MATION, REMOVAL 12 Burial 1	36 DATE 23c.1	NAME OF CEMETERY OR CR	Pk.	23d LOCATION  GLen Burn	rie, A. A.	(o., M.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIR	ECTOR Funeral Hol	Balto. M			C 2. 7 1984	Julia David	Son Panda M

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STATE OF MARYLAND

19/28/84 St.Pau

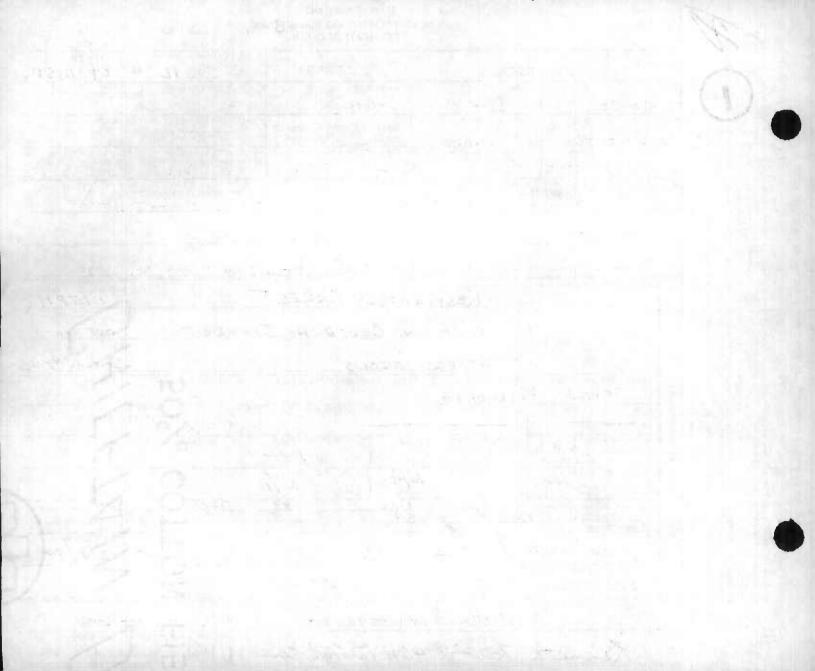
FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL PROJENES

REGISTRAR		CERTIFI	CATE OF DEATH	REG, NO.	ens W W					
1. DECEASED NAME FIRST	WIDDLE	LA	151	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
	ATRICE		SOLLERS	12	4 84 1:15P,					
SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
Female	Black		6/1917	67 YE						
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR COU						
Baltimore Md	U.S.A.	WIDOWE	DIVORCED	BALTIMOR	RE M					
D. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, O	IVE STREET ADDRESS)		12a USUAL OCCUPATION	126 KIND OF BUSINESS OF					
BALTIMORE CIT	Y UNION M	EMORIAL	HOSPITAL	Domestic -	0					
SUAL RESIDENCE (IF NURSING HOM 30 STATE 136 CC			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	ODE					
Md -	Bal	timore	YES NO	300 N. Gilmore	St. 21223					
FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WE	LAST					
Obrien Lyles				Cormicheal						
(YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOC.	IAL SECURITY NO.	17. INFORMANT	ADDRESS						
0-	215-	16-9883	Paul Sollers	, 300n Gilmore	St. 21223  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
18 CAUSE OF DEATH (Ente	PART I. DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY:  RESPIRATORY ARREST									
	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) RESPIRATORY ARREST									
	DUE TO, OR AS A CO	NSEQUENCE OF		_						
Conditions, if any, which gave rise to immediate		4 AND C.	EREQUAL :	LNFARCT	ONE MONTH					
couse (a), stating the		INSEQUENCE OF			SEVERAL YEAR					
	HTHEROSCEROLIS									
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTS										
190 DATE OF OPERATION	196 CONDITION FOR		N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED					
SEPSIS 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	The Combinion of	· · · · · · · · · · · · · · · · · · ·	- WAS TERN ORMED	INCE	RTIFYING CAUSES OF DEATH?					
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	11/4	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES NO					
	DEATH HOUR A.M. MON		11/4	4	TID PART TONY ART 21					
OR CONTRIBUTING CAUSEON  (IF EITHER NOTHY MEDICAL EXAM  21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJUR	19 Y 4///	211 LOCATION	1.						
AND WALLE	AT HOME, STREET, FACTOR	Y. OFFICE MARATETC)	STREET N/	A CITY OR TOWN	COUNTY STATE					
220 L cartify that (I) (this he	ospital) attended the decease	d from NOV	19_84	to DEC						
saw the deceased alive	on DEC 4	19 84 000		death accurred on the date and	have and from the causes stated					
22b. SIGINATURE	1 nat) view the body after dept	In.	DEGREE		22c. DATE SIGNED					
John Tha	mas Ovelin	s M	D ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	12/4/84					
22d. PHYSICIAN'S NAME (T)	PE OR PRINT)	71.	22e. ADDRESS	J DIRECTOR   FINISICIAN (						
JOHN THOM	MAS EVELIUS		UNION MEM	ORIAL HOSPIT	AL					
30 BURIAL, CREMATION, REMOV	/AL 23b. DATE	23c NAME OF CE	EMETERY OR CREMATORY	23d LOCATION						
(SPECIFY)	12/11/84		Mem Park	Baltimore,	Maryland STATE					
4 FUNERAL DIRECTOR		100		TE REC'D. BY REGISTRAR 256 REG						
Memmeth H.	Law Tuneral	Home (46/11	Jat 14th act	E 6ve 0 1984 Jul	ia Davidson-Randalle					

DHMH - 16 50M 4/83 (VRA 15, 4)



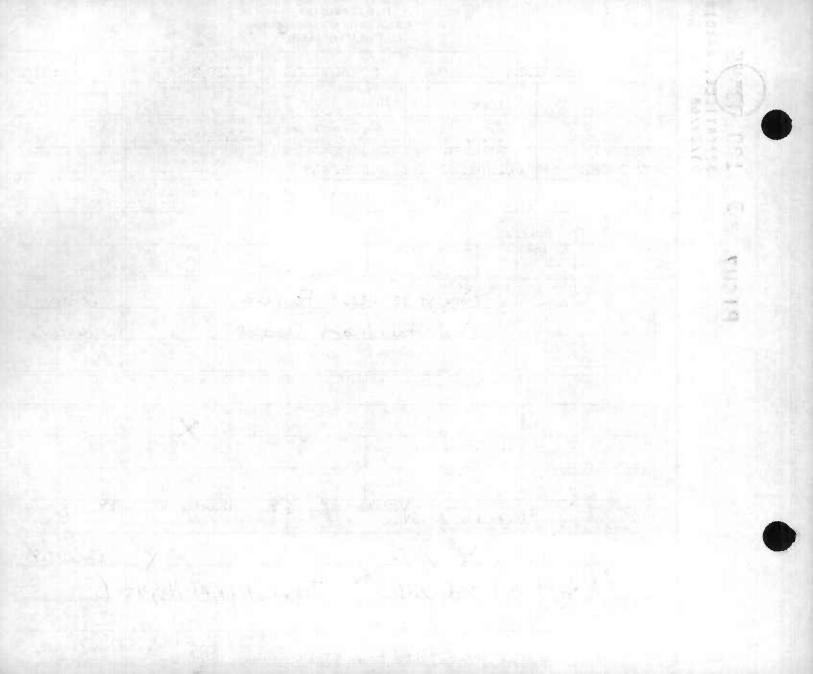
FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

LE	-4E 3E		CEASED NAME FIRST	WIDDLE	i.	AST	20. DATE OF DEATH MONTH DA	YEAR	2b HOUR
	1:	(1798	(ANTOI	NE) Antowine	S	OMERVILLE	12/30/84	0.73	4:01A
( B	E	3 SE	X	4 RACE	5 DATE C			UNDER I YEAR	IF UNDER 24 HRS
LE	100		Male	Black	3/9/	68 DAY YEAR	16 YRS. 100	VIHS DAYS	HOURS MIN.
r 6	2 200		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH	(1)
\$ C	1		Baltimore Md	U.S.A.	WIDOWE		BALTIMORE CITY	7	MD
ia G	2099	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	DDDESSI		120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF	F BUSINESS OR
rs of	1		ALTIMORE	JOHNS HOPKIN	S HO	SPITAL	(THEOF WORL FOR MOST OF WORLING SIFE)	INDUSTRI	
t hour	st be	13a.	TATE 136 COUN		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE		
7 (1)	1 P			None Baltimo	re	YES X NO	4958 Denmore Ave	212	1.5
with	i 2 si	14 F	ATHER'S NAME	AIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE	LAST	
red	5300		Joseph Somerv	ille		Josephine			
Xecu.	medical		VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)		17. INFORMANT	ADDRESS		
9 6	e me	7.4		-0-00	-0-0	Joseph Somer	ville, 4958 Denmo		
ote	vol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one cause per line for (a), (b), and	lich i	1 - 1	^	BETWEEN	MATE INTERVAL INSET AND DEATH
artific and and artific	ewer			ECAUSE (D) COMESTI	Je H	eart tailu	re	2	days
£ 6	of or		Harry Association	DUE TO, OR AS A CONSEQUE	NCE OF	1 1 1		11	
deo	fion		Conditions, if any, which	( 16) Congenit	al	teart Disea	use	16	years
the the	remo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF				
that d by	od, c		underlying cause last.	(c)					
gne	buring, o	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVEN	IN PART 110	THE
red red sen s	or to	CATION	A DIVERSE OF COST AVIOUS	The construction	00504710		The surrous line is the		
low os b	S o p		19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	A MAS PERFORMED		VERE FINDIN	OF DEATH?
The icior	shov	CERTIFI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121/ HOW IN HURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART		NO [
Physical History	1 8 C	_	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA		THE FIGURE WAS AND A COCCORD	LD ( ENIER NATORE OF INJURY IN THEM IS PART	ORPARI 2)	
YSIC ding	Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION			
tend then	b oud	WE	WHILE NOT WHILE	(AT HOME, STREET FACTORY OFFICE FA	RM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
OIN OF O	mort			al) attended the deceased from	Decemb	28 1984	to December 30 10	84	har (I) (we) last
TEN TOR	of He		saw the deceased alive on	December 30 19 8	£, an	d that in (ny) (our) opinion d	leath accurred on the date and have a	nd from the c	auses stated
R AT hosp	ped tem		77h SIGNATURE	view the body after death.	[	DEGREE		22c. DATE S	
the old	te De		1 Goot	1 Whol M	D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17/	En Act
SPIT /	State State		224 PHYSICIAN'S NAME ITHE OF	PINT)		22e ADDRESS	J DIRECTOR EL TITISCIAIT EL	104	40.1
HO FUI	with the		Kolort	A Wood M	D	Talant	Hooking Hawit	1	
5 a 5 5	£ 3 &	23a. E	BURIAL, CREMATION, REMOVAL	23b DATE 23c. N	AME OF C	EMETERY OR CREMATORY	23d. OCATION		
BP		1	Burial	1/3/85 A1	butus	Mem Park	Baltimore.	Maryla	STATE
DHMH - 16	60M 7/84		JNERAL DIRECTOR				REC'D. BY REGISTRAR 255 REGIS BA	R'S SIGNATE	IRE
(VRA 1		La		4611 Park HEight	s Ave	21215 JAN	7 1985 Mar De	4050N-17	indell



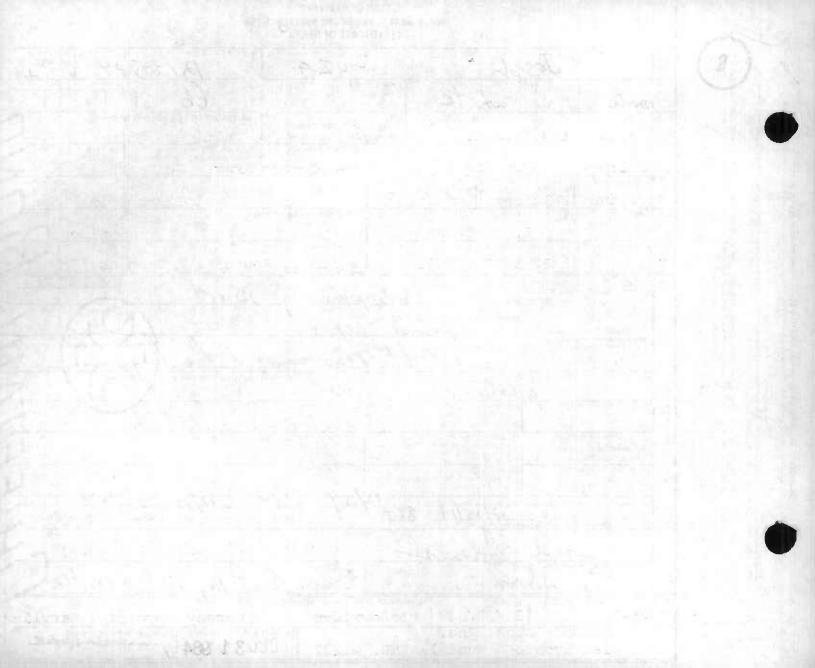
FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

REG. NO.			
1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY	DAY YEAR 26 HOUR P		
HERMAN H. SORIN DECEMBER 11 1	1984 2:20		
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE. (INVERSEASE BIRTHDAY) 16.	UNDER YEAR IF UNDER 24 HRS		
Male Caucasian 12 25 1919 64	NTHS DAYS HOURS MIN.		
Je BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF			
Pennsylvania U.S.A.   WIDOWED   DIVORCED   BALTIMORE CIT	741		
BALTIMORE / THE JOHNS HOPKINS HOSPITAL Education/mote	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Education/motel owner/ope		
136 STATE   136 COUNTY   136 STREET ADDRESS / ZIP CODE   209 N. Main St	., 21811		
Samuel Sorin Ida SANDE Sabl	e santa		
Yes NO OR UNKNOWN) (EXESTAGE ARORD FORCES) 166 SOCIAL SECURITY NO. 17 INFORMANT 400 Carfiegie Bl. 204-07-6438 W.E. Lochhopkins, Balt.,	dg., Johns		
18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DE ATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) CARDIAC ARREST	is mu		
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which ( ID MYCLARDIAL INFARCTION)	~ 10 day		
Conditions, if ony, which (b) MUCHARDIAL INFINICE (10)	3		
cause (b), stating the DUE TO, OR AS A CONSEQUENCE OF			
viderlying cause last.			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 110		
EFE & CARCINOMA OF NASOPHRRYNX ESOPHAGUS HODGKIN	US		
TO DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, W	VERE FINDINGS USED		
CARCINOMA OF NASOPHRRYMX ESOPHAGUS HODGKIN  196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WIN CERTIFYIN  11 8 84 ASPIRATION PNEUMONITIS YES NO YES NO YES 1216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY  216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY ITEM 18 PART	NG CAUSES OF DEATH?		
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)		
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR			
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STREET CITY OR TOWN			
WHILE NO! WHILE AT WORK AT WORK AT WORK AT WORK AT WORK	COUNTY STATE		
	24 that (1) (we) lo		
The second will be seen that the second will	, mor (ir (we) to		
abave, (I) (we) (did) (did not) view the body after death.	nd from the causes stated		
27b. SIGNATURE DEGREE	22c. DATE SIGNED		
	12/11/86		
PHYSICIAN DIRECTOR DIRECTO			
WELKIE LOCH 400 CARNEGIE RUILDING	JOHNS HO		
230 BURIAL, CREMATION, REMOVAL 230, DATE 230 NAME OF CEMETERY OR CREMATORY 230 LOCATION	70/11/3		
(SPECIFY) CITY OR TOWN C	OUNTY STATE		
Burial   12/16/84   Buckingham Cemetery Berlin Work	cester MD		
Anna Burbage, 108 Wms. St., Berlin, MD DEC 19 194 Julia Decida	and the same		

Mele Concesses 12 25 1919 64 Pennaylvania U.S.A. "anyland" Wordenter Terlin : 200 h. Fain St., Mill Soula Ida TARRES ENGLA CAREER don carrierie tido., Johns Ven Vall 1 204-07-6130 W.T. Lockmonking, Palt., um 21205 12/20/54 Thedringham Cametern Porting Vorcester Curt



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BY GIENE

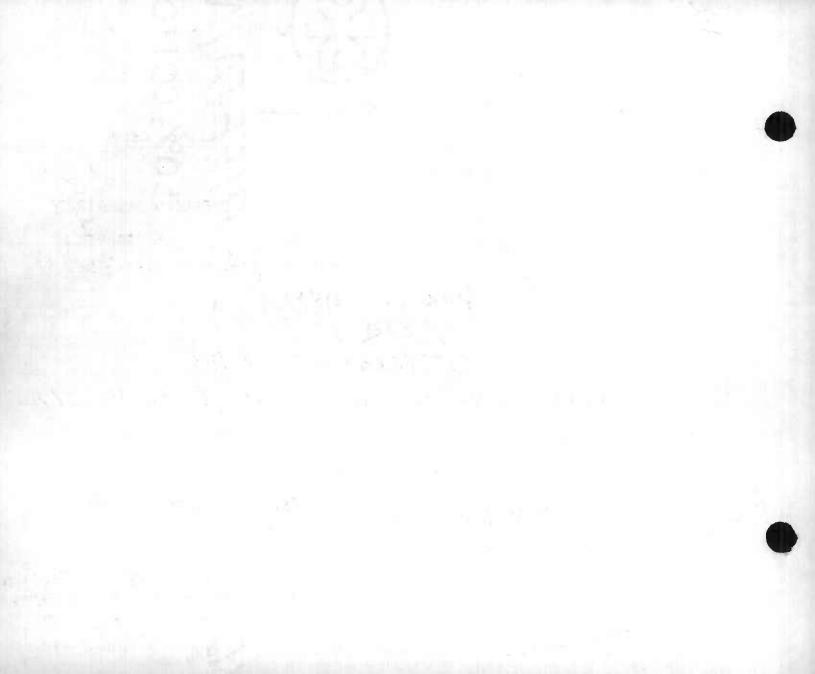
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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
FAY	Е	SPECK	12	26 84 5:40p
SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
Male	White	2 10 21 10 Zi	63 <sub>YR</sub>	
BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
South Dakota	U.S.A.	WIDOWED DIVORCED	BALTIMORE CITY	M
BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Loch Raven V.	SING HOME OR OTHER INSTITUTION  EET ADDRESS)  A. Hospital	120. USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKIN  Long Shoreman	126. KIND OF BUSINESS O INDUSTRY Shipping
SUAL RESIDENCE LIF NURSING HOME OF STATE HALL COU Maryland		OTE 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	ODE Avene 21225
FATHER'S NAME Charles	MIDDLE Speck	15. MOTHER'S MAIDEN N	JAME MIDDLE	Vanderburgh
a, WAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS	
Yes, no or unknown) (IF YES, G	WW II 559-34-	-2487 Eleanor Spe	ck Same	e as 13e
PART I. DEATH WAS CAUS	DUE TO, OR A A CONSEC	who comes anest pulmony	driese	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		O DEATH BUT NOT RELATED TO THE TER	20e AUTOPSY? 20b IF	GIVEN IN PART 110  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO } \text{NO } \text{NO }
	CAIM	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DIE	P.M.  210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOWN	COUNTY STATE
22a I certify that A (this has	pital) attended the deceased from DECEMBER 26 19	V	on death occurred on the date and	, 17, mol +k (we) it
276. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
R PANOS		270 ADDRESS LRVAH	, Lock Raven Blo	d.
Burial, Cremation, Remova (SPECIFY) Burial		R. NAME OF CEMETERY OR CREMATORY LARY LAND.	23d LOCATION Crownsville	CAINTYA. Md
George J. Gonce	e 4001 Ritchie	Hgwy Balto Md JA		Sistrar's signature Davidson-Randale

DHMH - 16 50M 4/83 (VRA 15, 4)

	10 21	2 1012		no etc.
	in a second	10.000		storar rawo
on, Choreson Islapin	i lati		NOVIL	
302 yatt eka kvene 2122		san illa		anal esp
guines with	alisa	Lough		
LEEU AU 198	lands Speck	7835-00-2687	II WALL	on Y
.M.M. Millownsville		de Carrier de Carrier		Emperor Inc.

CC	1-	FOR STATE REGISTRAR		DEPA	ARTMENT OF H	EALTH AND MENTALE	YGIĘĄĘ	3 3 a	6 3	
loge 4 may be director. page 3 director. page 3 director.	3. SE	OR PRINT)	1ECI CO	MIDDLE COLINI	S. DATE C	SOURRIEL  F BIRTH  DAY  YEAR	Dec 6 AGE (INY	ember 1,  EARS LAST BRITHDAY)  6 62 YRS.  RECITY OR COUNT	1984  IF UNDER 1 YEAR  MONTHS DAYS	2b. HOUR  M  IF UNDER 24 HRS  HOURS  MIN.
rs after death. P by the funeral d filed within 72 h annitied at ance.	10 C	Fla. TY OR TOWN OF DEATH altimore	11. NAME OF (IF NOT IN SUIT BON	JSA HOSPITAL, NU CHEACILITY, GIVE S Secou	RSING HOME OF TREET ADDRESS)  THOSE	R OTHER INSTITUTION	Bal	timore C DCCUPATION FOR MOST OF WORKING	City 12b. KIND OF	MD. BUSINESS OR
MARYLAND 212 red within 24 hour mapletely filled in and 2 should be!	13a. S		IOME OR OTHER INSTITUTION COUNTY MIDDLE	13c. CITY OR		13d. INSIDE CITY LIMITS? YES  NO  15. MOTHER'S MAIDEN N FIRST HESTE	2450 IAME	ADDRESS / ZIP COI		
TIMORE, No be execute on and con s. Pages 1 c		VAS DECEASED EVER IN U VES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL S	SECURITY NO.	17 INFORMANT Calvin Squ		ADDRESS	ting St	MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-stransis permit. Then please remove corbon papers. Pages 1 and 2 shauld be file in and Mental Hygiene prior to burial, cremation, or remaval.  orked ar them 18 shaws any injury, or other traumotic event, the medical examinermust be not account of the contract of the	CERTIFICATION	Canditions, if any, wh gave rise to immedicause (a), stating underlying cause later PART 2. OTHER SIGNIFIC	DUE TO, O ich ote the DUE TO, O ost. (c) CANT CONDITIONS C	ONTRIBUTING	EQUIPICE OF TO DEATH BUT	VWAS PERFORMED	POR C 20a AUTO YES	NO IN CERT	ES, WERE FINDING CAUSES OF	CS OSED-
TO HOSPITAL OR ATTENDING PHYSICIAN: Tretoined by the hospital or attending physici.  TO FUNERAL DIRECTOR, after this certificate should be detached for use as the buriol-transwith the State Dept. of Health and Mental Hyg	MEDICAL	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)  21d INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  22a 1 certify that (I) (this ow the deceased of above II) well (did I)  22d. PHYSICIAN S NAME  22d. PHYSICIAN S NAME  22d. PHYSICIAN S NAME	E OF DEATH  KAMINER)  P  21e. PLACE (AT HOME, ST  THE ON PRINT)  THE ON PRINT)  FOR PRINT P  THE ON PRINT P	M. MONTH M. OF INJURY REEL FACTORY, OFFI  ofter death.	19 FICE, FARM ETC.)  OM 19 Om 19	216. HOW INJURY OCCU	MEDICAL DIRECTOR	STAFF PHYSICIAN	COUNTY	
BP		Burial	12/6/			aburn Cem.	Ba.	ltimore	сфунту	MD
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR  Im. C. Marc	ch F/H 1	.101 °E	Nort		EC 61	COA Julia	Davidson-H	andell

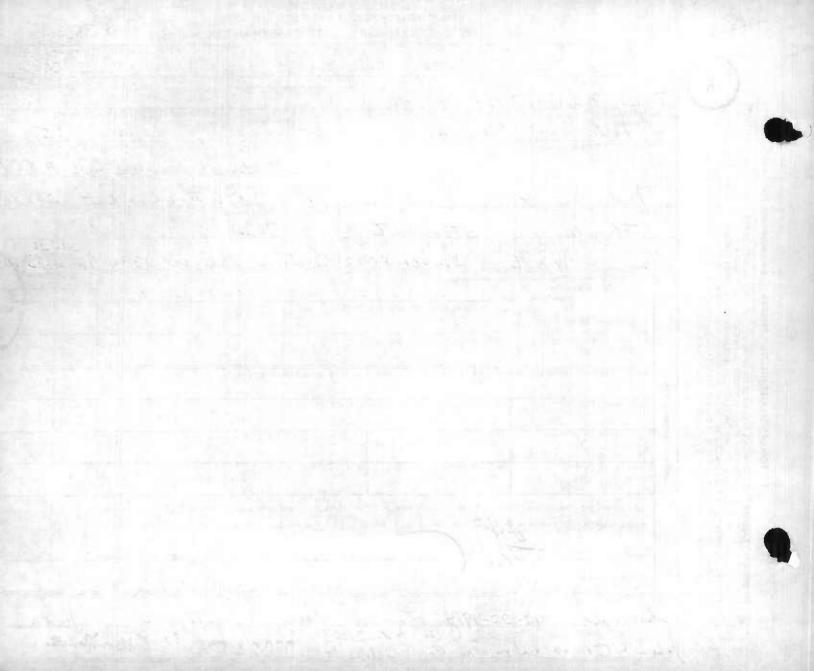


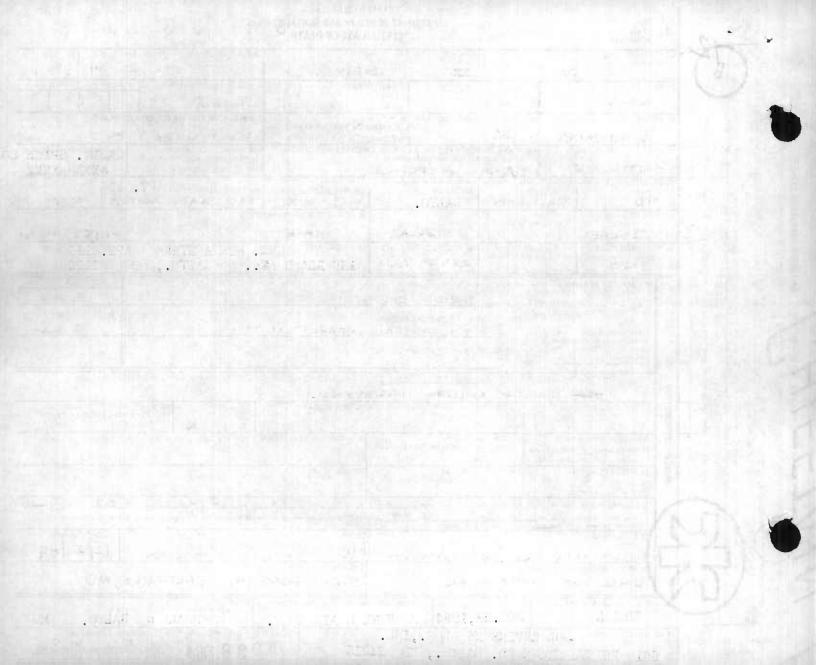
	Va	-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH							2 5	5 4			
+	NO.	1. DE	REGISTRAR CEASED NAME E OR PRINT)					LAST	AA	INTH DAY YEAR 26 HOUR				
	OR O	2 55)		WILLIAN 4 RACE				STALLINGS	OF ESTI- DEATH MATED	MONTH	28 1984 DAY YEAR	M		
	L DIRECTOR LOUR FILES. V 72 HOURS ON STREET,	3. SE)	MALE	WHITE	5. DATE OF BIRTH	YEAR LAST BIRTHE			HRS. 2c DATE PRONOUNCED DEAD			2d HOUR		
	100 = 61	7a Bi	RTHPLACE (ST		76 CITIZEN OF WH		RS.	V	1 BALTIMORE CI		28 1984 OF DEATH	2:15F		
TO V	WEST STATE	FO.	MD.		U.S.A		WIDOW	ED X NEVER MARRIED		re Cit	V	MD.		
	1 5 E	16 CI	TY OR TOWN		11 NAME OF HOS	PITAL, NURSING HOM		ER INSTITUTION	20 USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK	26. KIND OF BU OR INDUST	SINESS		
	BO 18 00 0		Baltim			ELTY HOSPIT			CARPENTER		CONSTRU	7		
. 21201	RETAIL SHOULD		MD.	CLAVI	EŘT	LUSBY LUSBY			Forest Trai	ls, Cla	vert Be	ach		
RE, MD.	JRS AFTER DEATH.  B. GIVE PAGES 1.  WITH FORM PM.  T. PAGES TYND 2.  DIVISION OF WITH		ATHER'S NAME		C, IDDIE	STALLINGS		MYRTLE	NAME	MIDDLE		BOWEN		
MOI		160 V	VAS DECEASES	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURI		17. INFORMANT	RESS	//				
SALT			(F YES, GIVE WAR OR DATES) 217-38-6858 BERTIE MAE STALLINGS SA								AME AS #13			
1			(a), (b), and (c).) PART I DEATH WAS CAUSED BY: Cranio cerebral trauma									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PRESTON ST	24 HOU ITEM 18 LIONG V I PERMIT GIENE, I	7	221	IMMEDIA	IE CAUSE (U)	AS A CONSEQUENCE		LLaulla						
ES	THIN SIL IN NINSII NER A			s, if ony, which	1						437			
` ≥	PENC WIN WAIN OR I			e to immediate stating the under-		AS A CONSEQUENCE	OF							
. 201	XECUTE JG" IN JAL EXA BURIAL AND M				(c)									
RECORDS	LD BE E PENDIN MEDIC D AS A HEALTH	N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10											
28		CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY			
DIVISION OF VITAL		RTIF	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN SEARS LORPART LORPART									NO 🗌		
0	VG THE WO VG THE WO SHOULD BE PARTMENT		LINDERLYING	DOR	HOUR A.M.	MONTH DAY YEA	R				(2)			
SIO	CERTIFIC TING TH 3 SHOU DEPART	MEDICAL	21d INJURY C	CCURRED	DEATH 8:40 KM	11/26 198 OF INJURY (ATHOME,	4 sub	ject fell f	rom scaffold					
DIV	WRITIN WRITIN WARDED AGE 3 S AGE 3 S I ATE DEP	ME	WHILE AT WORK	NOT WHILE		ory, FARM, ETC.) uctionSite		#12Chanaltti	CITY OR TOWN	COUN		STATE		
	I>344-L-1					cribed obove, held an		sy XX Inspection	llEstate,Bar □. Inquiry □.	and in my apir		0		
	A STATE OF S	1	death results		ral causes — ,		uicide	Hamicide .	Undetermined manner	T.	nion			
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	MAL MAL		ACTUAL SIGNATURE_	Molle	to he	Mull	M	Assistant	_MEDICAL EXAMINER	DATE	11/29	/84		
	UNE A S	1	EXAMINER'S	NAME D				777 -						
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BAUTIMORE, MARKEN ND, 2	23a.B	(TYPE OR PRIN	ION, REMOVAL		123c NAME OF CE			nn Street, B	alto,MD				
	BP	(\$	BURI		12/01			emorial Gar	CITY OR TOWN	k Cal	vert Md	ATE .		
	DHMH - 17		UNERAL DIREC	TOR	ADDRESS-			250. DATE RE	C'D. BY REGISTRAR 256	EGISTRAR'S SK	GNATURE			
	(VR A15 ME (5)) 20M 4/82	1	KAUSCH I	FUNERAL E	HOME:	0.0. BOX 45	OW	INGS, MDE	6 1984 9	chia Davids	ion-Handa	82		
	4VITI 4' 02													

1 3	1/	STATE OF MARYLAND															
2.1	5	1 - STAT			MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 3 2 6 5												
			SED NAME	FIRST	MIDDIE 1467							K	EG. NO.	NIH DAY YEAR	26 HOUR		
	% S. S. S. +	(TYPE OR F	lubert	; CT	mu eve						tanley  20 DATE KNOWNY OF ESTI- DEATH MATED				2-31-84	120 11001	
	A O E O E	3. SEX		RACE	S DATE OF BIRTH 6. AGE (IN YEARS IF UT					NDER TYR. IF UNDER 24 HRS.			2c. DATE MONTH		NTH DAY YEA	Zu HOOK	
	SZGEN SZCEN SZCEN	Ma]	.e	White	ивини в	10	27	57 YE	S. MOR	THS DAYS	HOURS	MIN	PRONOUNCED DEAD	1	2-31-84	4:55A	
	POEST AND THE PROPERTY OF THE	70 BIRTHE	COUNTRY)	TE OR	TTOLA						IED   NEVER MARRIED   9 BALTIMORE CITY						
	IS NOT	IO. CITY O	RTOWNO	F DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  100 Library Court					HER INSTITUTION 120 USUAL OCC			Baltime UAL OCCUPATION	N (TYPE OF WO	ORK 126 KIND OF E	MD.	
	3 TO THE RING PAGE IN PAGE RDS, 201 W	Bal-	timore	2									most of working li inter	FE)	Printi	ng	
21201	HIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND ARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA AGES 3 HOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD ATE DEPARTMENT OF HEALTH AND MUTAL HYGIENE, DIVISION OF WITH PROPERTY.	13e STATE		13b COUN	OR OTHER INSTITUTION, GIVE RESIDEN VTY 13c CT			ce before admission) TY OR TOWN  Baltimore		13d. INSIDE CITY LIMITS? 13e STR		REET ADDRESS N. Exeter St .		21202	21202		
AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.		14. FATHER'S NAME FIRST  Julian P. Stanley  15. MOTHER'S MAIDEN NAME FIRST  Alice M. Jolly										LAST					
		16a. WAS		EVER IN U.S. AR		D FORCES? ROB DATES!  WWII 242-32-2909					Audrey Stanley 2506 Marbo Baltimore, Md. 21230					urne Ave.	
		18	Conditions gave rise	i, if any, which to immediate toting the <u>under</u> -	D BY: TE CAUSE (o) DUE	Art 10, OR A	erio sacon	, and (c).) SClero ISEQUENCE (	)F	cardi	ovasc	ular	disease		APPROXIM. BETWEEN ON	ATE INTERVAL SET AND DEATH	
		NO.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.2.  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?											20 AUTOPS			
ON OF VITAL			DERLYING	CAUSE WAS OR G CAUSE OF	HOI	IME OF I UR A.M. P.M.	NJURY MONTH	DAY YEAR	216. (	YAULMI WOH	OCCURRI	ED (ENTER	NATURE OF INJURY IN	ITEM 18 PART ?	YES	NO X	
DIVISION		WEDICAL WHEDICAL	INJURY OF	NOT WHILE C			INJURY RY, FARM, E1	(AT HOME,	211 L	STREET			CITY OR TOWN		COUNTY	STATE	
•	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	, de AC SIG	rual NATURE	Voi	prol couses [	B-	Accident WK	O. Su		, Homi	stant	Undet MED	Inquiry , ermined manner	, D/ SN	ny apinian ATE GNED 12-31-	84	
	TO MEE EXECUT PAGE 4 TO FUN AFTER D BALTIM		MINER'S N			a A.		211,M.D		_ADDRESS_			nn Stree	e C			
07/84	BP	Ren	noval		1/6/85			itevil			У	Whi	cation or town teville	, N.C	. 28472	STATE	
25M	DHMH - 17 (VR A15 ME (5))		RAL DIRECT	cal Home	Glen	Burn	ie, N	/arylar	d 2	1061	JAN	REC'D. BY	registrar 25	REGISTRAL	S SIGNATURE	Ł	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN XX MONTH DAY LYSTE CALFRONT OF ESTI-Charles Steinfort 1919 84 August 2d HOUR 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY PRONOUNCED 19 184 6:45I J. BIRTHPEAGE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore WIDOWED 2 DIVORCED IB CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 836 Woodward Street - 212 30 OR INDUSTRY Baltimore .# USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY\_HMITS? 136 COUNTY EITY OR TOWN 13e STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S TRAVERNINAME MIDDLE MIDDLE + get WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 21230 (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROMM ATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 15s DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRICING TO BURI YES [] 出 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED II LOCATION STREET, FACTORY, FARM, ETC.1 CITY OF TOWN STATE WHILE AT WORK COUNTY AGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 220. I certify that I took charge of the remain described above, held an Inquiry XX Autopsy Inspection Accident Suicide Natural cau Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE SIGNED 12/20/84 EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn Street, Balto, MD 21201 (TYPE OR PRINT) BAL 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE ark 07/84 25M 250. DATE REC'D. BY REGISTRAR 1756 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DHMH - 17 "in Davidson (VR A1S ME (S))

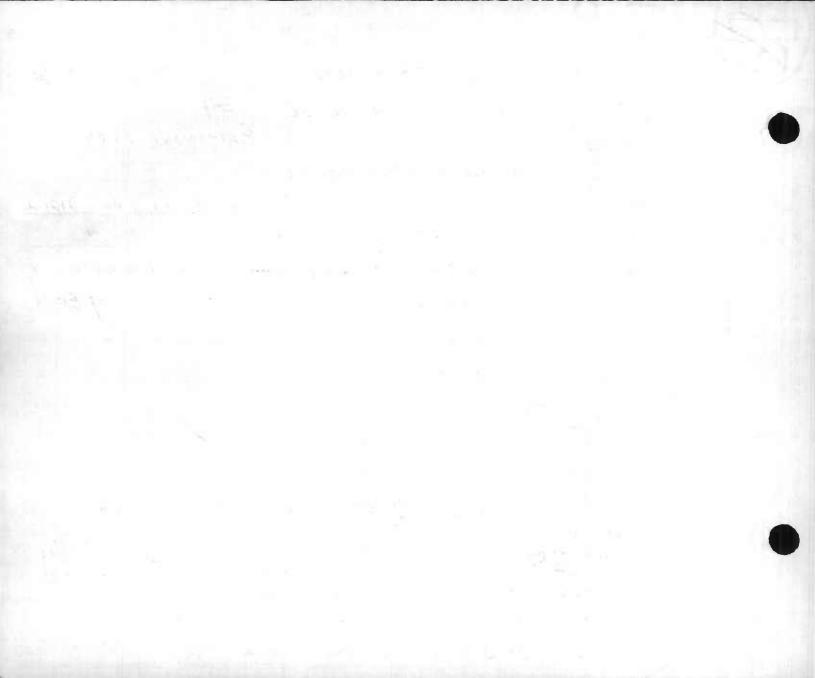




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGINNE

FOR

(VRA 15, 4)



12/13/84

MIDDLE

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Baltimore City 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY retired electric 13e.STREET ADDRESS / ZIP CODE ve 21211 1462 Medfield Stewart ADDRESS 21211Mrs. Hazel Stewart 1462 Medfield Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN STATE and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN 23d LOCATION Baltimore Maryland Lake View Mem. Pk. 250 DATE REC'D BY REGISTRAR 156 REGISTRAR'S SIGNATURE A. Alan Seitz Funeral Home 3818 Roland Ave

3 3 2 6

YRS

2b. HOUR

HOURS

IF UNDER 24 HRS

IF UNDER I YEAR

REG. NO

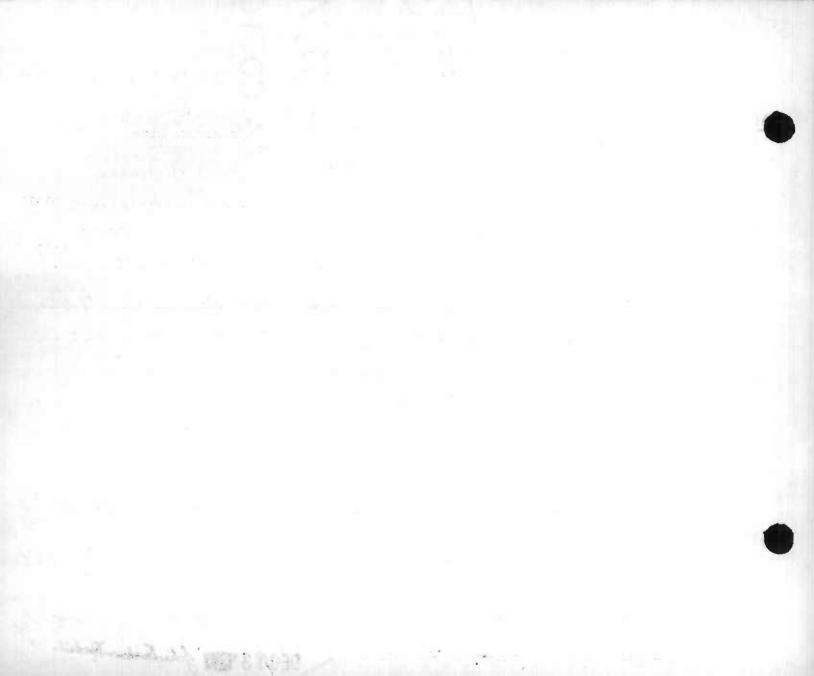
20 DATE OF DEATH

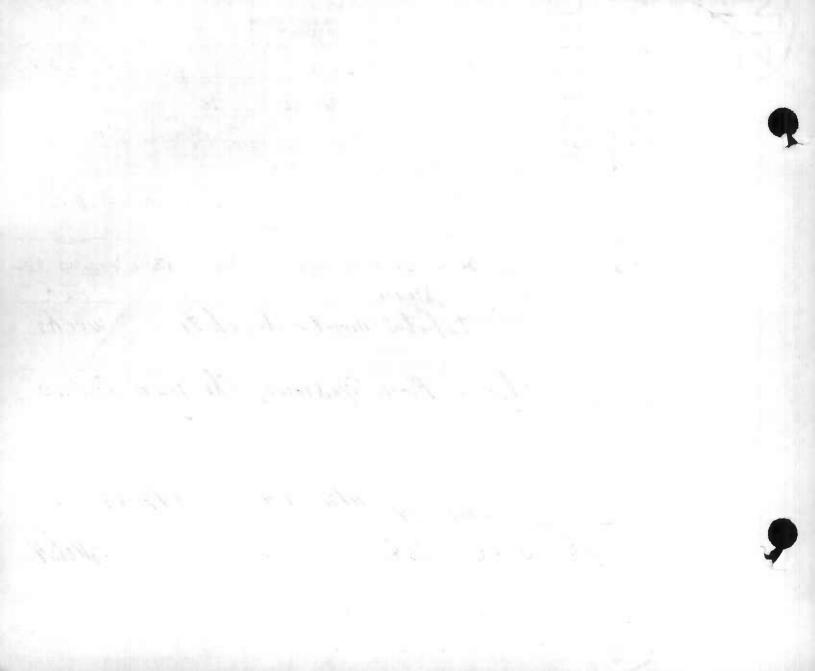
DHMH - 16 50M 4/B3 (VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR

Burial





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Н	'	REGISTRAR			CERTIF	ICATE OF D	EATH	REG.	NO.	Circu de		
1		CEASED NAME FIRST		R.		AST TITCHBE	CRRY	20 DATE OF DEATH		12 84	26. HOUR 12 15 1 M	
1	3. SEX	Male	4 RACE Whi	te	5 DATE O		1906	6 AGE (IN YEARS LAST	BIRTHDAY) YRS	MONTHS DAY	R IF UNDER 24 HRS	
5		RTHPLACE (STATE OR FOREIGN COUNTRY) and	76 CITIZEN OF		RY? 8 MARRIE WIDOWE	D NEVERA	AARRIED	9. BALTIMORE CITY BALTIMOR	OR COUN	TY OF DEATH	MD	
4		LTIMORE CITY	(IE NOT IN SUC	CH FACILITY, GIVE ST	RSING HOME C TREET ADDRESS) L HOSPI'		NOITUTION	120 USUAL OCCUPA WPE OF WORK FOR MOS Manager			of BUSINESS OR ing Alley	
5	"13a. S	AL RESIDENCE (IF NURSING HOME OF STATE Maryland	OTHER INSTITUTION		EFORE ADMISSION)	13d. INSIDE C	ITY LIMITS?	2917 Over	land	Ave. 2	1214	
		Harvey	WIDDLE	Stitch		15. MOTHER'S	MAIDEN NA	MIDDLE		Pedd	icord	
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES	MED FORCES? (E WAR OR DATES)	215-0	3-7939	Edith		ve 1822 Wi	lhelm	Ave.	21237	
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which	TE CAUSE (6)	icute n	nonomy	J					DXIMATE INTERVAL NONSET AND DEATH WEEK	
	z	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, O	R AS A CONSE	QUENCE OF				DNDITION C	GIVEN IN PART	1(0)	
2	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WH	IICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?  YES □ NO[¥	IN CERT	YES, WERE FINE TIFYING CAUS YES		
1		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	NIII	FINJURY M. MONTH M.	DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	8 PART I OR PART 2		
	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	JRRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E								STATE	
		22a.t certify that (1) (this hospital) attended the deceased from December 8 1984, to December 12, 1984, that (1) (we) losow the deceased alive an December 12 1984, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.										
		Maria Delga 22d PHYSICIAN'S NAME (1786)		.D.			TTENDING PHYSICIAN [		AFF SICIAN 🔀		12/84	
		Maria Deiga	do Mi				MEMORI.	AL HOSPITA	L			
	1	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE Dec. 14		Z3c. NAME OF C			23d LOCATION CITY OR TOWN Balti		COUNTY	Md.	
	124 FL	JNERAL DIRECTOR					25a DAT	E REC'D. BY REGISTRA	RI25h REGI	STRAR'S SIGN	AT/LOCAL OF	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Leonard J. Ruck, Inc. Baltimore, Maryland

DEC 1 3 1984

	30et 05.	00	r fill	n 1 - 3
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Powling	าจากสา			
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hand the	710	arni doci	5	vev:re
Wester .ove closiff.	Citi ovoljana deibi	0717-71-71	o la	10

nust be maified of once.

## STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	IENE 3	(1114	7 2		
		CEASED NAME OR PRINT)	FIRST CATH	ERINE	V.		TOLZ	20. DATE OF DEATH  Decembe		DAY YEAR 1984	2b. HO	JR M
3	3 SEX	(	4	RACE		5. DATE C		6. AGE IN YEARS LAST BIR		IF UNDER LYEAR	IF UNDE	
	Fe	emale		White	9	July	11, 1915 YEAR	69	YRS	NONTHS DAYS	HOURS	MIN.
		RTHPLACE (STATE ORFO	DREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH		
5	_	enn.		U.S.A.		WIDOWE		Baltimore	City,	,		MD.
0		TY OR TOWN OF DEAT	TH 1	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHLITY, GIVE STREET Ridgecrof	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF HOUSEWIFE		12b. KIND C INDUSTRY	F BUSIN	ESS OR
5	13a. S	AL RESIDENCE IN NURSING TATE	NG HOME OR O		GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Baltimor	N	13d INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS			212	06
20	14 FA	THER'S NAME William	MI	IDDLE	Smith	20	15 MOTHER'S MAIDEN NAM	WE		Briggs	ī	
	160 V	VAS DECEASED EVER II		NE WAR OR DATES			17 INFORMANT	NFORMANT ADDRESS				
	1	NO OR UNKNOWN)	(IN TES, GIVE	MAK OK DATES!	215-28-	8728	Mrs Dorothy	Schulz		Same	As	13e
	NOIL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITION				ENCE OF DEATH BUT						
2	CERTIFICAT				TION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIFY		S, WERE FINDINGS USED LYING CAUSES OF DEATH? S NO		
7	ICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN LIEM 18 P.	ART 1 OR PART 2)		TE:
	MEDIC	21d. INJURY OCCURRI	ED	21e. PLACE			211 LOCATION STREET	CITY OF TO	)WN	COUNTY		STATE
		220.1 certify that (I) (this hospital) attended the deceased from										toted
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								12	2/3	14
1		Davis 1	Hahn,	M.D.			5601 Loch	Raven Blvd.	N. L.			13.0
		BURIAL, CREMATION, R	REMOVAL	23b. DATE 12/4/6	0.4		EMETERY OR CREMATORY  as Of Faith	23d LOCATION CITY OR TOWN Baltimo	ore, M	aryland	7	STATE
	24 FL	JNERAL DIRECTOR NAME Leonard	J. Ruc	ck. Inc	ADDRESS Ra7+i	mon e	Md PF	REC'D. BY REGISTRAR		RAR'S SIGNAT		L 8

DHMH - 16 50M 4/83 (VRA 15, 4)

Leonard J. Ruck, Inc.

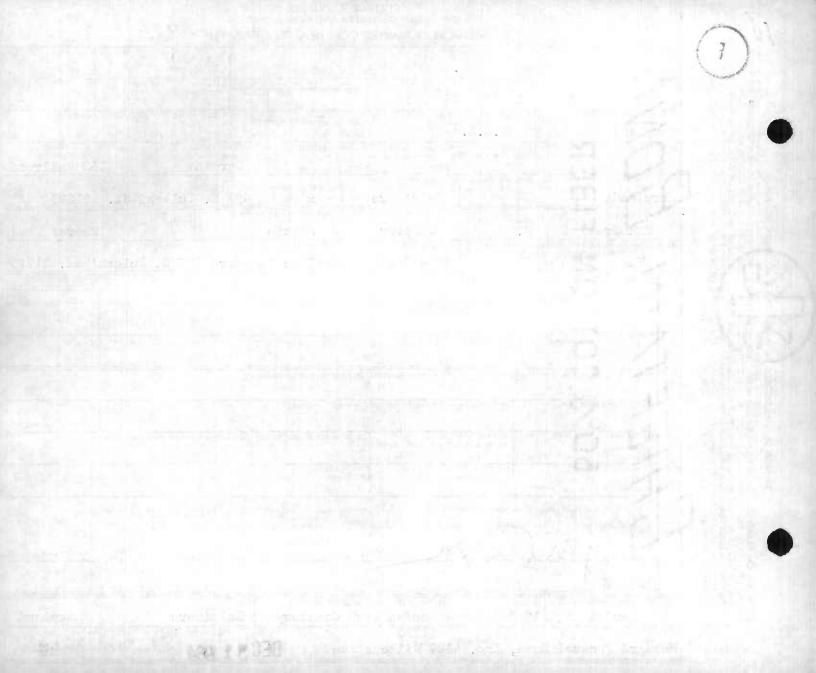
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the builal-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. MPORTANT: If them 21 is marked ar Item 18 shows any injury, or other traumatic event, the

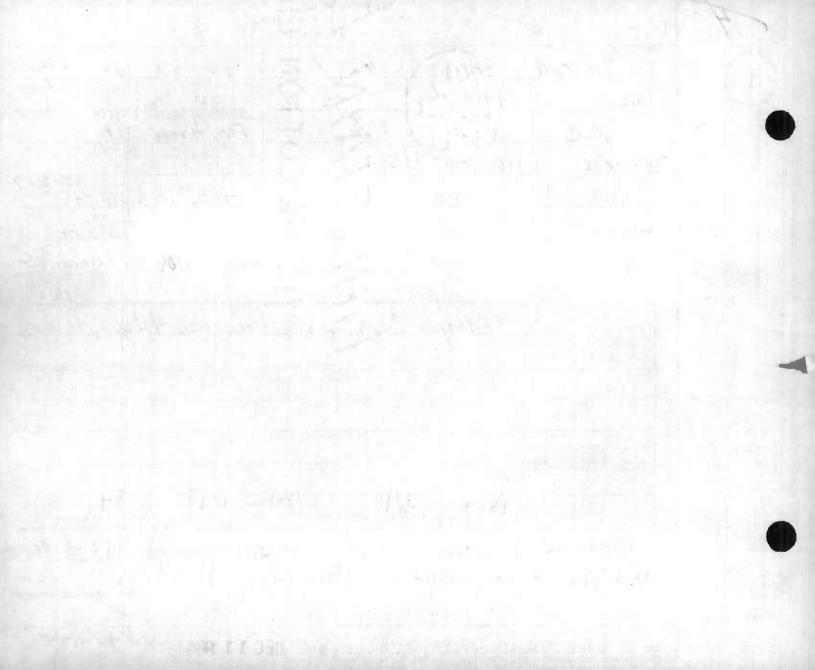
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	1			STATE OF MARYLAND		
1	11.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTACHY CERTIFICATE OF DEATH	GIENE 3	3 2 / 3
1	1.05	REGISTRAR	WIDDLE	LAST	REG. N	
- h=		CEASED NAME FIRST			20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
1	3. SE	To	4. RACE	STONES Is. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
(A)	J. 5E	MALE	NEGRO	MONTH DAY YEAR	83	YRS.
	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	.0	OR COUNTY OF DEATH
5 to 5	W	rainin	U.S.A	WIDOWED DIVORCED	150151	MORE CITY
10/10	10. C	BALTIMORS	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)  OF BALTIMORS	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUSTRY
of the second			OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	13e. STREET ADDRESS	2121
05			ETIMORE BALTI		4122 PAG	2K HG-TS AVE
Samin C	14. F.	HARRIS	MIDDLE STONES	15. MOTHER'S MAIDEN N	AME MIDDLE	Coles
medical		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRI	SS 211
E /		No	1228-4	49488 Mrs. CAME	ripelpuloe	123 Willow Ben
t, the			only one cause per line far (a), (b),	and (c)		APPROXIMATE INTERV BETWEEN ONSET AND D
ven	10	PART I. DEATH WAS CAUS	ATE CAUSE (0) Cardio	pulmonary Arrest	5	
ar re			DUE TO, OR AS A CONSEO	HENCE OF		
um cm		Canditions, if any, which		ulming preumon	ia	
tra	1 3	gave rise to immediate	(3)	3 1		
ial, cremation, or or other traumatic		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF		The same of the same of the
or o			(c)			1
ia bu	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
	CERTIFICATION	DATE OF OPERATION	LIN CONDITION FOR WALL	CH ODED ATION WAS DEDSORVED	Tan AUTODOY2	Table of MES AMERIC ENGINEER
s any	S.	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
shaws	1 2				YES NO	YES NO
I S (4		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE		DAY YEAR 21c HOW INJURY OCCU	PRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
Mental ar frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	LAIN .	19		
ar h	ĕ	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
	× ×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC ) STREET	CITY OR TO	OWN COUNTY ST.
marked			·(a-1) - aa	11-9- 10 84	to 12-2	10 G A
Hee	100	sow the deceased alive a	pital) attended the deceased from	es Ar	. 10	
2 2	1 %	abave, (1) (we) (did) (did n	ot) view the bady after death.	. and that in (my) (our) opinia	n death accurred on the d	ate and hour and from the causes star
Sept.		226. SIGNATURE	2	DEGREE		224. DATE SIGNED
T. #		Kruuta	L Jakaka	PO ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF 12-2-89
with the State D		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
OR THE		BOBERTA	TABAKA	SINAL	HOSP OF	BALTIMORE.
A A A	-					0.0
	23a	BURIAL, CREMATION, REMOVA	L 236. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	f COUNTY 1/2 ST.
	1	DuliA	12-7-84 1	Riuman Bart, Ch.	Yen Chall	an I/a
014 4 (50	24. F	UNERAL DIRECTOR		25a. D	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
50M 4/B2 5, 4)	1.1	DSEPH L RUS	CE 7777 ()	1/2- 0	DEC 5 1084	1. 1. Navidson Rande
	11	DSEPH L. KU	cs 2222 (1)	NOKTHILL	ח אינו כ	- morani with plantage

a to be a second SELECT PARTY OF LAND AND ADDRESS. THE PERSON NAMED IN COLUMN TO A REAL PROPERTY AND A PARTY OF THE PARTY

STATE OF MARYLAND FOR - STATE ATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN X (TYPE OR PRINT) OF ESTI-W. DEATH MATED THEODORE STOPFORD 26 1984 JRS AFTER DEATH. IF ANY DELAT IS INCESSED BY BEINERAL DIRECTE
B. GIVE PAGES 1, 2, AND 3 TO THE FINERAL DIRECTE
WITH PORM PM. 3. RETAIN PAGE 5 FOR YOUR FI
T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HO
DIVISION OF VITAL RECORDS, 201 W, PRESTON STR 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 7d HOUR DATE MONTH LAST BIRTHDAY! PRONOUNCED MALE WHITE 19 58 1 26 DEAD 26 1984 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED IX NEVER MARRIED U.S.A. Maryland DIVORCED Baltimore City ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Carman B&O Railroad Baltimore S. Pulaski St. 13g. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 637 S. Pulaski St. 21223 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Theodre W. Stopford Mattie Shores DIVISION OF TAB. SOCIAL SECURITY NO 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES ITEM 18. GIVE LONG WITH P PERMIT, PAGI WW II 217-167-933 Pauline Stopford 637 S. Pulaski St. 21223 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE (0) Carcinoma of the lung DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HYC RIAL, CREMATION, OR REMO Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED TO FUNERAL WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES [] NOX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY TIC HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 UNDERLYING OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 714. INJURY OCCURRED 71e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 22a I certify that I took charge of the remains described above, held on Autopsy Natural cause Accident Homicide Undetermined monner TITLE (SPECIFY) 12-28-84 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. Ann M. Dixon, M.D. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY Maryland Burial 12/29/84 Loudon Park Cemetery Baltimore 07/84 25M 24 FUNERAL DIRECTOR 21229 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5))





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH 2b. HOUR TYPE CHEPWINE Carroll 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER TYEAR caucasian 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE | STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWEDI 1 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY Ass't Supervisor Texaco Oil ALTIMORE BACTIMORE SUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 3a. STATE 134 INSIDITCITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Anne Arunde BINJUNE 113 W. Meadow Rd NO X YES [ ] MEFATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE CORNELIUS Henry ADDRESS Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT HE YES, GIVE WAR OR DATES) Mary E. Strailman Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the CONSEQUENCE OF nhelmonia underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [] NOF YES [ 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (JE EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, EIC ) WHILE NOT WHILE 220.1 certify that 1% (this hospital) attended the pleceased from sow the deceased olive on. , and that in (my) (our) agunion death occurred on the date and hour and fram the causes stated obove, (we) (did)(did not) view the body after death DEGREE 22b. SIGNATURE M.D. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

23d LOCATION Balto

50, BUTIMORE GEN.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md

DHMH - 16 50M 4/83 (VRA 15, 4)

ISPECIFY) Burial 24 FUNERAL DIRECTOR

4001 Ritchte Hgwy Balto Md George J. Gonce

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FOR

STATE OF MARYLAND

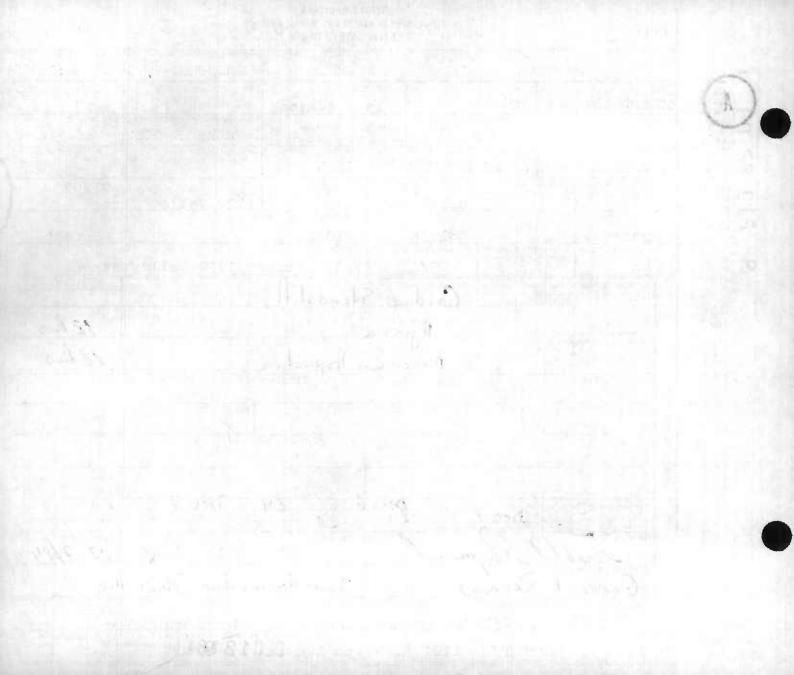
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 3 2 7 8

		REGISTRAR			CERTII	FICATE OF DEATH	REG. NO.				
		CEASED NAME FIRST		MIDDLE	i	LAST			DAY YEAR	2b HO	
	(TIPE	AEON	IA	C.	S	STREET	DECEMBER	7,	1984	4:1	
	3. SE	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHD	(YAY	IF UNDER I YEAR	IF UNDE	
	FE	MALE	blac	k	13			YRS.	1	HOOKS	
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MAPDIE	D NEVER MARRIED	9 BALTIMORE CITY OR				
2		Md	US	A	WIDOWE		BALTIMORE	CIT	Y		
	10 C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND (	OF BUSIN	
33	BA	LTIMORE	JOHNS	HOPKINS	HOS	SPITAL			1,1,000,11,1		
2/		AL RESIDENCE (IF NURSING NOME STATE 126 CO		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE	212	02	
55		Md		Baltime		YES NO	1229 Valle				
	14 FA	ATHER'S NAME	MIDDLE	IAST	The state	15. MOTHER'S MAIDEN NA	ME		(A	S.T	
20	F	Roosevelt		Colvin		Velda	Model		St	ree	
		WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	5			
1		No	GIVE WAR OR DATES)	N/A		Velda Street 1229 V					
		18 CAUSE OF DEATH (Enter		r line formit, (b), and	dicii				BETWEEN	ONSET AN	
15		PART I. DEATH WAS CAL	SED BY: IATE CAUSE (o)	Card	ac.	Standstill					
200		MINIED								. 1	
		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which (b)									
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		gove rise to immediate	(b)_			^ 1				0	
			DUE TO, C	R AS A CONSEQUE	NCE OF	Λ 1			18	he	
		gove rise to immediate couse (a), stating the underlying couse lost	(c)_	er as a conscoue Mec	ONIU.	n Aspiration		TION GIV			
	NO	gove rise to immediate couse (a), stating the underlying couse lost	(c)_	er as a conscoue Mec	ONIU.	Λ 1		TION GIV			
	ATION	gove rise to immediate couse (a), stating the underlying couse lost	T CONDITIONS C	OR AS A CONSEQUE  Mec	ONIU.	n Aspiration	INAL DISEASE OR CONDIT	NA IF YES	/EN IN PART 1	o NGS USI	
	IFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO E	ONIU.	M Aspiration	IN AL DISEASE OR CONDIT	M IF YES	EN IN PART 1	NOS USE	
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19	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  THE DATE OF OPERATION  THE CONTRIBUTING CAUSE OF LIFETIMES MOTHS WEDGE STARM.  THE NUMBER OF OVERED	TONDITIONS CONDITIONS	ONTRIBUTING TO D	DEATH BUT  OPERATIO  AY YEAR	ASPIRATION THO TRELATED TO THE TERM THE MOW INJURY OCCUR!	201 AUTOPS 17	N CERTIF YE	VEN IN PART 1	NGS USI	
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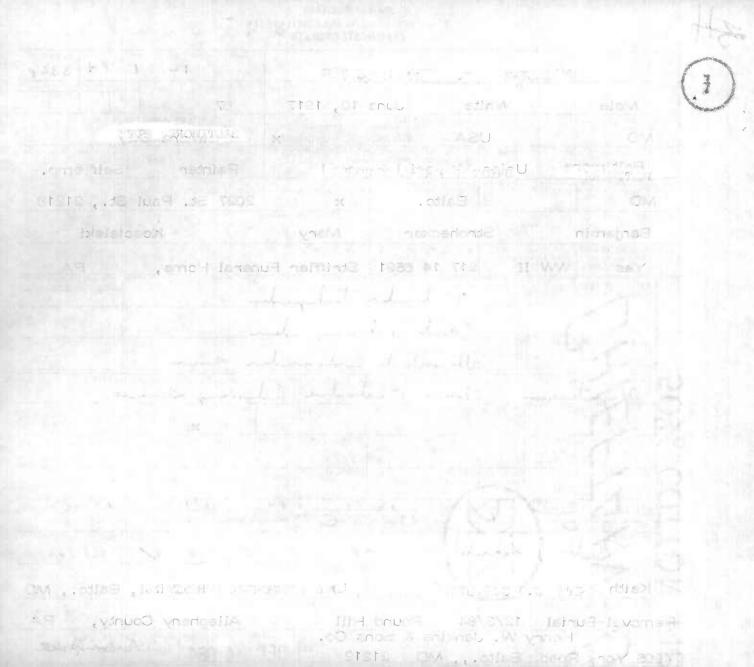
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(VRA 15, 4)

4905 York Road Balto...

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Sulia Daydoon



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

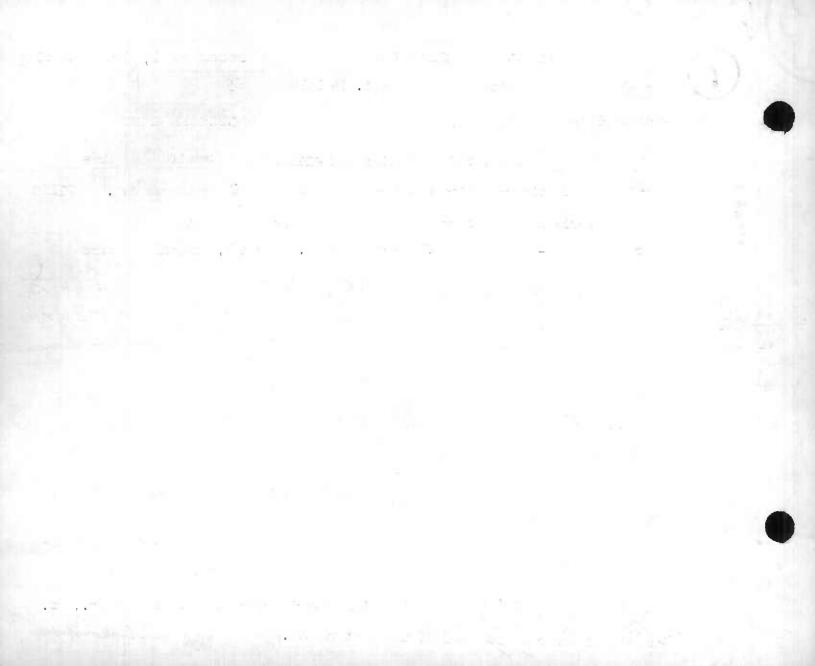
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ŀ	1 DEC	CEASED NAME FIRST		MIDDLE	1	AST		20. DATE OF D		DAY	YEAR	26 HOU	JR
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I	3. SEX	V	4 RACE		5. DATE C			6. AGE (IN YEAR	S LAST BIRTHDAY)		IF UNDER 1 YEAR IF UNDER 24 HRS		
I		Male	Whit	e	i MONTH	12	08	76	YR:	MONTHS S.	DAYS	HOURS	MIN.
ł	BIR C	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland		WHAT COUNTRY?	8 MARRIE	D NEV	ER MARRIED	The second	CITY OR COUN		HTA		
A		-		ISA	WIDOWE		DIVORCED		MORE CIT	',Υ			MD.
1		Y OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACHITY, GIVE STREET ON MEMORI	ADDRESS)		07.07.0	12a. USUAL OC (TYPE OF WORK FO Reti	R MOST OF WORKIN		STRY	FBUSINE	SS OR
	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d. INSI	DE CITY LIMITS?	13 3539 AR	press / ZIP SC	venue	2	21211	ı
4		THER'S NAME					ER'S MAIDEN NA	MF			-		
1	17.17	FIRST	MIDDLE L	Studer		13. MO11	FIRST		nknown		LAS1		
7		AS DECEASED EVER IN U.S. AL		16h SOCIAL SECU	IRITY NO.	17. INFO	RMANT		ADDRESS				
I	(Y)	NO (IF YES, GI	VE WAR OR DATES)	213-01-0	0260	Mrs.	Ruth Mi	ller 353	9 Rolan	d Ave	nue	212	211
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Linferior  M. J.											
	ION	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  Turre C P	CONDITIONS CO	R AS A CONSEQUE		NOT REL	ATED TO THE TERM	AINAL DISEASE C	*	GIVEN IN P	ART Ita		1
	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PE	RFORMED	YES N	79 20b. IF IN CER	YES, WERE RTIFYING C YES [	FINDIN	OF DEAT	TH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 4	FINJURY M. MONTH DA		21c. HO	W INJURY OCCUR	RED (ENTERNATUR	E OF INJURY IN ITEM	18 PART I OR P	PART 2)		
1	Š.	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19		171011						
ı	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211. LOC	TREET		ITY OR TOWN	COU	NTY	5	STATE
1		22a 1 certify that (1) (this hosp	utal) attended #	e deceased from	12	14	10 89	10 1	2/9	10 8	4	hat (I) (	we) Inst
ı		saw the deceased alive at above, (1) (we) (did) (did no	12/9	19	84,0	nd that in	(my) (our) opinian	death accurred a	in the date and l	haur and tre			
		77h SIGNATURE	1			DEGREE 1.0	ATTENDING	MEDICAL DIRECTOR	STAFF	220	DATE:	SIGNED	84
$\exists$		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADE					1		/
		DR. ROBERTY	VISIN	G			UNION MEN	MORIAL H	OSPITAL				
		URIAL, CREMATION, REMOVAL	236. DATE	23€. 1	NAME OF C	EMETERY	OR CREMATORY	23d. LOCATI					
	(5	Burial	12/11	/84 D	ilanes	7 Wal	ley Mem.	City OR		COUNT			STATE
	24 ELI	INERAL DIRECTOR	12/11	/ 0-4   D(	a-dire	val	125 DAI	TE DEC'D BY DEC	ISTEAD SEL DEC	IS TO A DIE C		Mary	yland

Alan Seitz Funeral Home 3818 Roland Ave. 2056 131

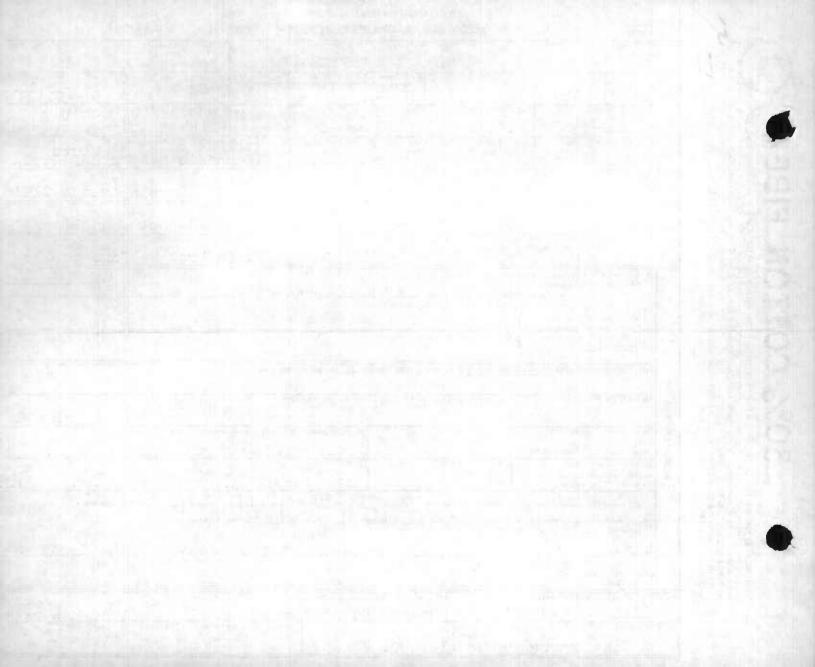
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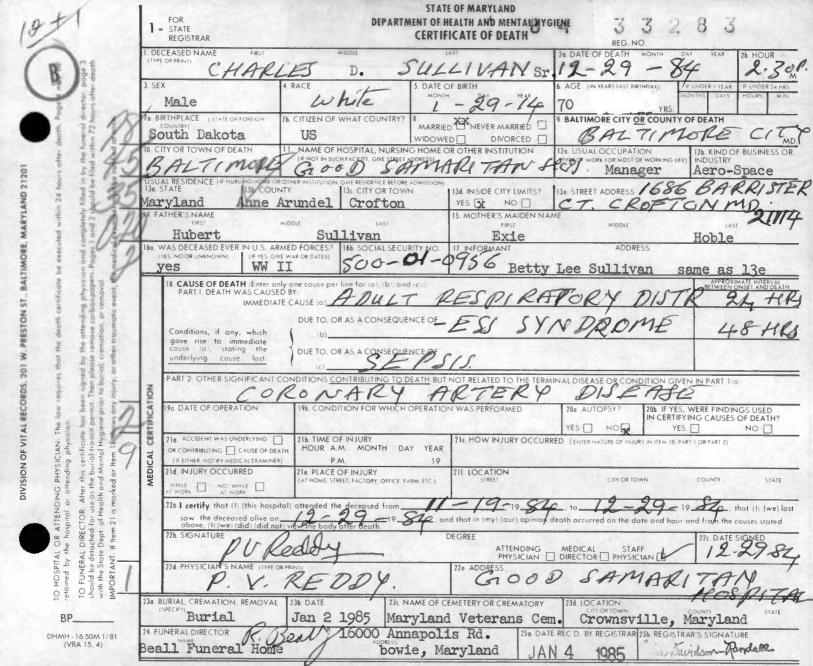
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-	W.		REGISTRAR		MEI	DICAL EX	AMINER'S	CERTIFICATE C		REG. NO.	0 4	
1	1-1		CEASED NAM	E FIRST		MIDDLE		LAST	20. DATE K	NOWN X MON	TH DAY Y	EAR 26 HOUR
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	品品の書物	Ma	ryland	1	U.S.A.			WED DIVORC		more Cit	V	MD
•	SHWELL STATES		TY OR TOWN		I. NAME OF HOS	PITAL, NURSI	NG HOME, OR OT	HER INSTITUTION	120 USUAL OCCUPA	ATION (TYPE OF WO	RK 12b. KIND O	F BUSINESS
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	MANGE E		death result	Α.		Accident	-	_	Undetermined man		y opinion	
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	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOUNDED BE TO FUNERAL DIRECT AFFER DEATH, WILL THE BALTIMORE, MEDICAL		EXAMINER'S (TYPE OR PR	NAME Ann	M. Dixon,	M.D.		ADDRESS 111 Pe	enn St., Ba	alto., M	d. 212	01
	522 5 F 8 -	23a.B	URIAL, CREMA	TION, REMOVAL 2			ME OF CEMETERY		23d. LOCATION			
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William C. March F/H 1101 E. North Ave

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND AL STROLLING DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT

AL MARG	ient o o a		
	REG. NO.	DAY YEAR	Tal HOUR
	12	44 64	26 HOUR 435 P
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEA	/ M
AR		MONTHS DAY	
-	93 <sub>YRS.</sub>		
ED D	9 BALTIMORE CITY OR COUNTY		
D 🗌	BALTIMORE CITY		MD.
NC	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LE		OF BUSINESS OR
AITS?	13. STREET ADDRESS / ZIR CODI 6604 Eberle	Dr.	21215
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	ADDRESS		
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CCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?	)
	CITY OR TOWN	COUNTY	STATE
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pinion	death accurred on the date and hou	ond from th	ne causes stated
		22c. DA	SE SIGNED
DING CIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	12/	11/84
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MEMO	RIAL HOSPITAL		
TORY	23d. LOCATION		
ete	CITY OR TOWN	COUNTY	Md
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n	FG 1 8 1084 Julia	Davidson	_ pendelle
00/1	1 0 100-11/7		

AATI-DON AAT

## LICS 4. RACE 5. DATE OF BIRTH 1. SEX W 1910 26 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED' DIVORCED [ IB CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ST AGNES Cattons VIIIe 13d. INSIDE CITY LIMITS? Raltimore Maryland A FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Robert M. Howie Alice M. McKensie MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 212-10-0401 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Shock IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOX 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from. sow the deceased alive on. , and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS EDNA 230. BURIAL, CREMATION, REMOVAL 73b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE CERTIFICATE OF DEATH REG NO 2a. DATE OF DEATH 6:45 am SUMMERSGILL 10 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE CONDER THE MEE 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR NC&PY Telephon 134807 WITKENS AVE 21228 ADDRESS John Summersgill 4807 Wilkens Ave 21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [

COUNTY

22c. DATE SIGNED

HUSPITAL

Loudon Park Cemetery baltimore City 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 Ambrose F.H. Inc. 1328 sulphur spring Rd (VRA 15, 4)

12/6/84

Burial

STATE

DECEASED NAME

(TYPE OR PRINT)

REGISTRAR

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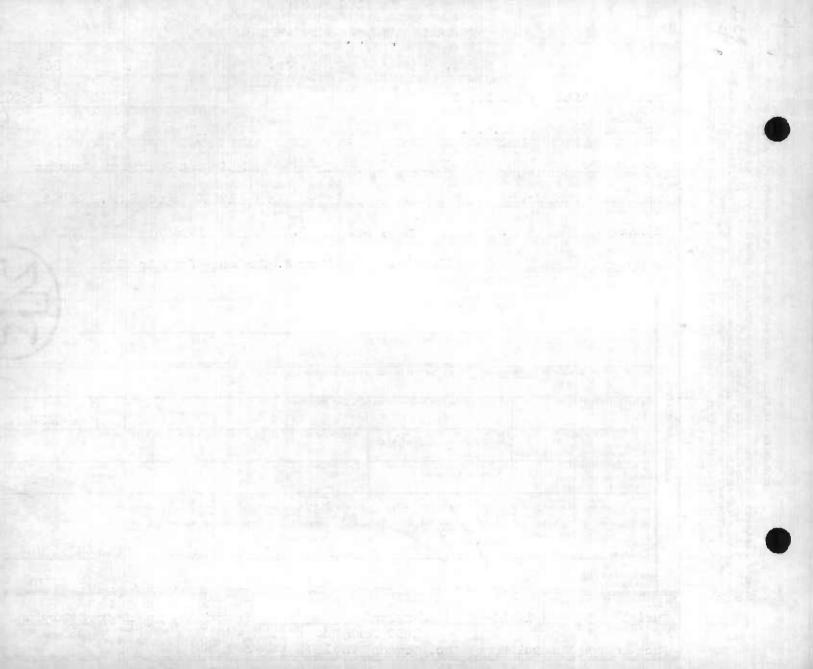
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5 ∞ ≥ ⊢ □	776	18 CAUSE C	OF DEATH (Enter only of EATH WAS CAUSED B	IV.							APPROXIMATI BETWEEN ONSE	INTERVAL I AND DEATH
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FORWARD OR: PAGE HE STATE ND, 21201			ify that I taak charge o	of the compact days	reibad aba a bald	A. 4.	osy XX. In					
E CRITICIONE, E CERTIFICATE, OULD BE FORV IL DIRECTOR; H, WITH THE ST , MARYLAND;		death result		(1)	Accident ,	an Autop	Hamicide	nspection	Inquiry [],	and in my api	inion	
EXAMINER: CERTIFICATI JLD BE FOR DIRECTOR: WITH THE: AARYLAND	13	ACTUAL	11.0 1 30	- A	11.00		TITLE (SPEC	CIFY.)				
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2	+	EXAMINER'S (TYPE OR PRI	NAME Mare	garita A	. Korell	1.D.	ADDRESS 1	11 Penn	Street			
PAFT APP	23a.B	,	TION, REMOVAL 23b.	DATE	23L NAME OF		OR CREMATORY	23d L	OCATION Y OR TOWN	COUNT	TY	ATE
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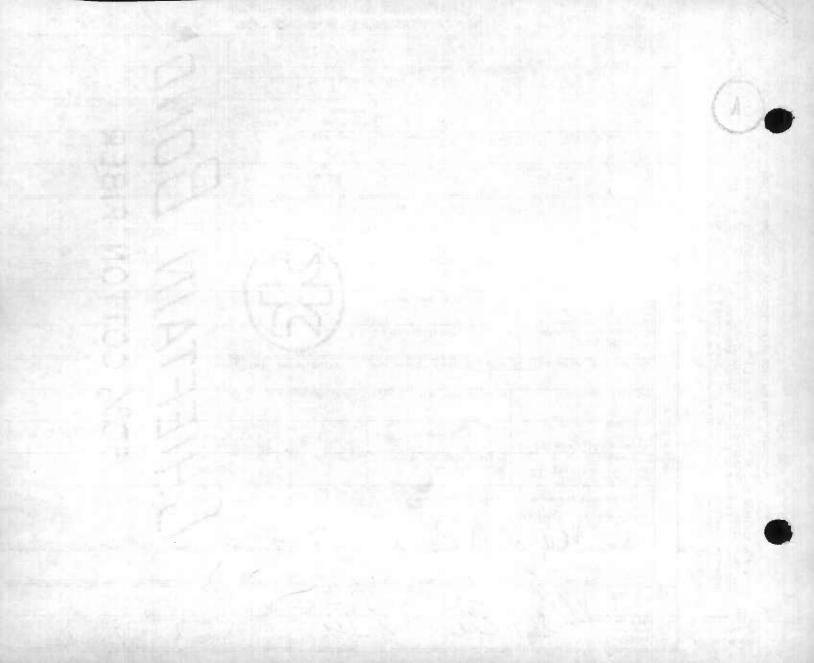
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	(VR A15 ME (5))	Ru	ick Tow	son Fu	nera	1 Home,	Inc.	Towson	,Md.	21204	DEC	04	1304	1				- 1/4



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



## 2a. DATE OF DEATH DECEASED NAME MONTH TYPE CHEPROLITY ISOBEL SWEIG C. 12 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 1 SEX MONTH YEAR 10 29 06 78 FEMALE WHITE BIRTHPLACE | 151 - TE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWEDE DIVORCED [] BALTIMORE CITY IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17g USUAL OCCUPATION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) 1820 SPENCE STREET, 21230 BALTIMORE HOMEMAKER MUAL RESIDENCE HIS NEEDING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1820 SPENCE STREET. YES X NO [ 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE BENJAMIN P. EGGLESTON MARGARET ADDRES WESTERN SHORES 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) HOWARD A. EGGLESTON PORT REPUBLIC. MD. NO 213-10-8862 18 CAUSE OF DEATH (Enter only one couse per lime or (a), (b), and (c) IMMEDIATE CAUSE (o), A GONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? NOZ 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED 71a. ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CIE EITHER NOTHEY MEDICAL EXAMINERS P.M. 19 211. LOCATION 714 INJURY OCCURRED 21e PLACE OF INJURY ö CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on the body after death , and that in (my) (our) opinion death occurred by the date and hour and from the causes stated 776. SIGNATURE DEGREE ATTENDING MEDICAL should be deto with the State IMPORTANT: 1 PHYSICIAN PHYSICIAN 276 PHYSICIAN'S NAME (TYPE OR PRINT) WILLIAM J. BRYSON 772 WESTVIEW MALL 23a BURIAL, CREMATION, REMOVAL 731 NAME OF CEMETERY OR CREMATORY 23d LOCATION 73b. DATE CITY OR TOWN BURIAL FT. MYER 12-11-84 ARLINGTON NATIONAL

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

- STATE

REGISTRAN

74 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21229

REG. NO

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YES [

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COUNTY

relia Davidson Mandala

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

22c. DATE SIGNED

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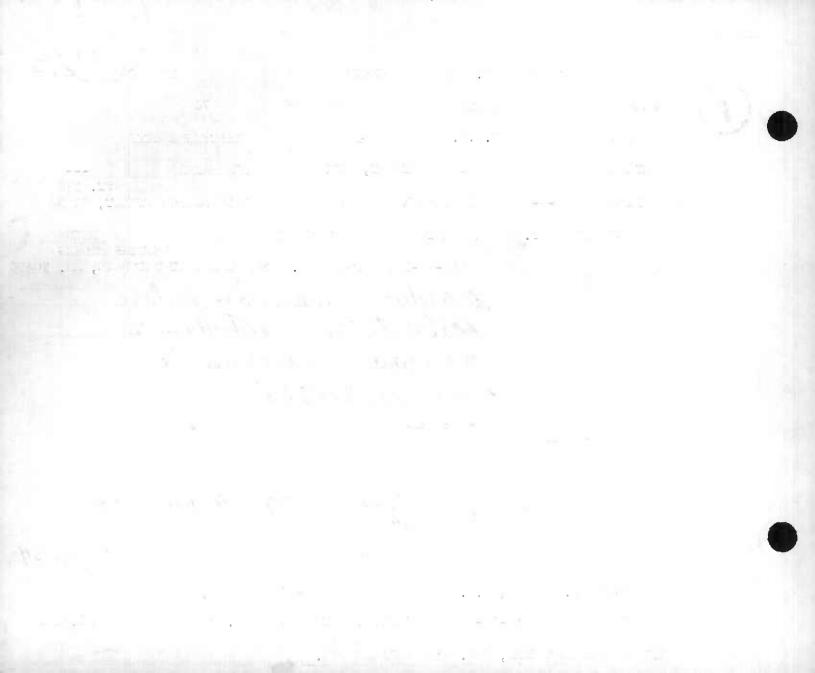
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

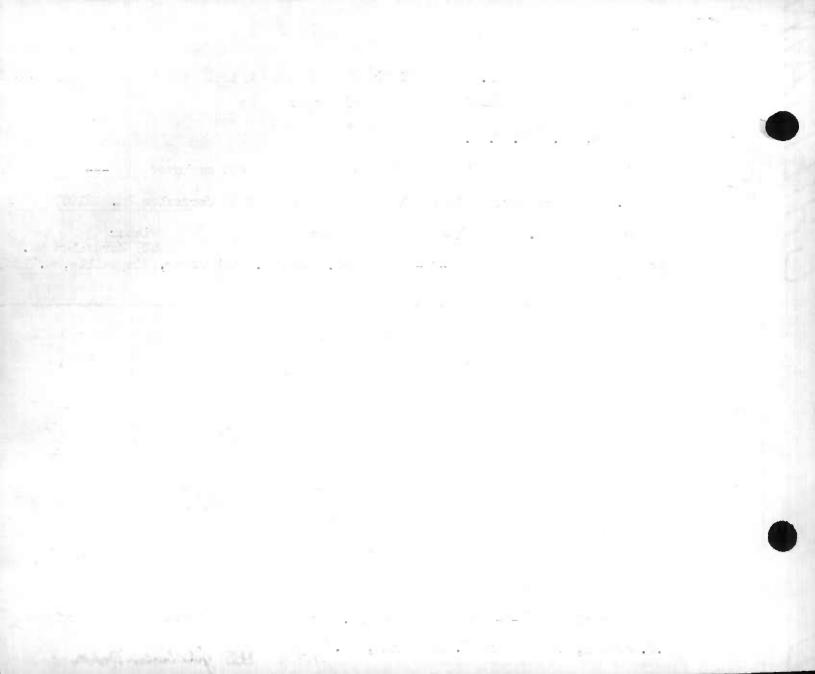
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2b. HOUR 20 DATE OF DEATH DECEASED NAME FIRST TYPE OR PRINTI TALBOTT DECEMBER 31 1984 poge r dept WALTER AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE S DATE OF BIRTH 3 SEX 1937 Male White 19 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE CITY Baltimore, Md. U. S. A. WIDOWED | DIVORCED 126 KIND OF BUSINESS OR 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Not employed THE JOHNS HOPKINS HOSPITAL BALTIMORE 13d. INSIDE CITY LIMITS? 2603 Jerusalem Rd. 13e. STATE 21.087 Kingsville Baltimore NOL Md. YES 🗍 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Wieber Edna Talbott Walter ADDRESS 2603 Jerusalem Rd. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT Mrs. Hazel M. Buckmaster, Kingsville, Md. 2108 215-34-8394 no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Arrest 10 men SUTUDIONO IN USTONY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Intervenil Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating underlying cause Homophelia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION nove 20h, IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO T NO YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 10 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) this hospital attended the deceased from 124 30 and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above (1) (we) (did )(did not) view the body after death 22c. DATE SIGNED DEGREE MEDICAL STAFF should be deta with the State [ DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 774 PHYSICIAN'S NAME (TYPE OR PRINT) Johns to plans Hospith 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Baltimore Maryland 1-4-1985 Loudon Pk. Cemetery Burial 250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE E.F. Lassahn, 11750 Belair Rd. Kingsville, Md. 21087 DHMH - 16 50M 4/B3 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Nicholas Tamberrino T. A RACE 5. DATE OF BIRTH 1 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 74 HRS MONTH DAY Male April 19, 1917 White TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Md. USA City WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Union Memorial Hospital Ship Fitter Beth. Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136. COUNTY 13c. CITY OR TOWN 13. STREET ADDRESS 13d. INSIDE CITY LIMITS? 3561 Shannon Drive 2/ Md. Baltimore YESXIX NOF 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE FIRST WIDDLE Anthonu Tamberrino Mary Dorazio Maria 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) WW 2 GIVE WAR OR DATES) yes Mrs. Sue J. Tamberrino 218-01-4787 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).)
PART I. DEATH WAS CAUSED BY: vdiac IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 200 AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES [ NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital attended the deceased from 1 12/14 84 and that in (my (our) apinion death accurred on the date and hour and from the causes stated sow the deceased alimental above. (1) we) (did (did not view the body after death. 77b. SIGNAPOR DEGREE ATTENDING / MEDICAL should be deto with the State IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME ITHE OF MINTS 22a. ADDRESS Patricia Disharoon MD 2414 St. Paul St. Baltimore, Maruland 236. BURIAL CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) ITY OF TOWN COUNTY STATE Gardens of FAith Baltimore Buria 7 Md. Dec. 18 190 24. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Leonard J. Ruck Inc. Baltimore, Maryland (VRA 15, 4)

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completely filled in by the funeral director, it and 2 should be filed within 72 hours offer

n signed by the ottending physicion and co Then please remove corbandapers. Pages 1

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO FUNERAL DIRECTOR: After this certificate has been

## STATE OF MARYLAND

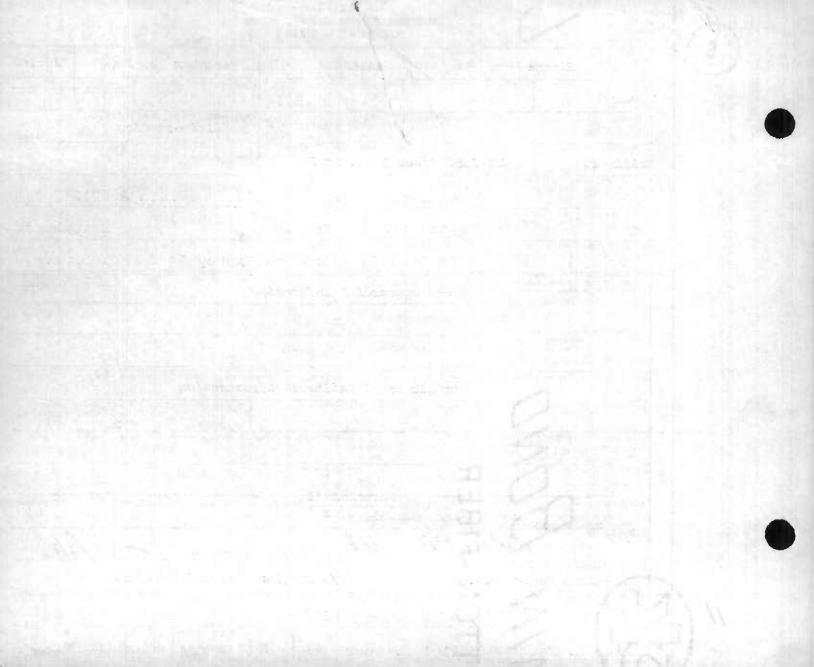
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR		2		EALTH AND MENTA	8 4	MG. NO	3 2	9 3	
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sow the deceased	ars haspital) attended the alive on <u>Decemb</u> ) (district) view the body	er 2 19	84	d that in Kny) (our) a	ING _ M	10 Decemb h occurred on the do	te and hou		, that (ff (we) lost e causes stated
724 PHYSICIAN'S NAN Kno-Liang	Huang, M.D.			22e ADDRESS		General H		tal	
236 BURIAL, CREMATION, RE  1 SPECE BURIAL  24 FUNERAL DIRECTOR	MOVAL 236. DATE 12/6		Ceda		Cem	Arunde 1 C'D. BY REGISTRAR	C C	COUNTY	Md

DHMH - 16 50M 4/83 (VRA 15, 4)

William C. March F/H 1101 E. North Ave DEC

Julia Davidson Randall



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED FLIZABETH 15 TAYLOR 1984 3 SEX 4 RACE IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOLINCED DEAD 15 19 84 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY TENN DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS SH. OSPITAL 2, AND 100 3. RETAIN 2 SHOULD BE AL RECORDS, 3 Baltimore Francis Scott Kev Medical Center 13m STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? IDDLE RIVER 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 7 INFORMANT 168 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO. 12 (YES. NO. OR UNKNOWN) LIFYES GIVE WAR OR DATEST PEGGY CUNNINGHAM 1943 MANIFOLD CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH MENTAL HYGIENE, N. OR REMOVAL. Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF **TRANSIT** Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS, AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALT BALLIMORE, MARRYAND, 21201 PRIQR TO BURIAL, CRE 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20. AUTOPSY? YES TV NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING NOR MEDICAL CONTRIBUTING CAUSE OF DEATH 10:10xx 12-15-19 84 Driver in auto/auto collision. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) road Eastern Blvd. & Emala Ave. Balto. Md Autopsy X 22s I certify that I took charge of the remains described above, held an ond in my opinion Accident Hamicide Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 12-16-84 SIGNATURE Ann M. Dixon, M.D. ADDRESS\_111 Penn St., Balto., Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE 07/84 25M 24 FUNERAL DIRECTOR 1256 REGISTRAR'S SIGNATURE **DHMH** - 17 na Dayason-Mandalle CONNELL (VR A15 ME (5))

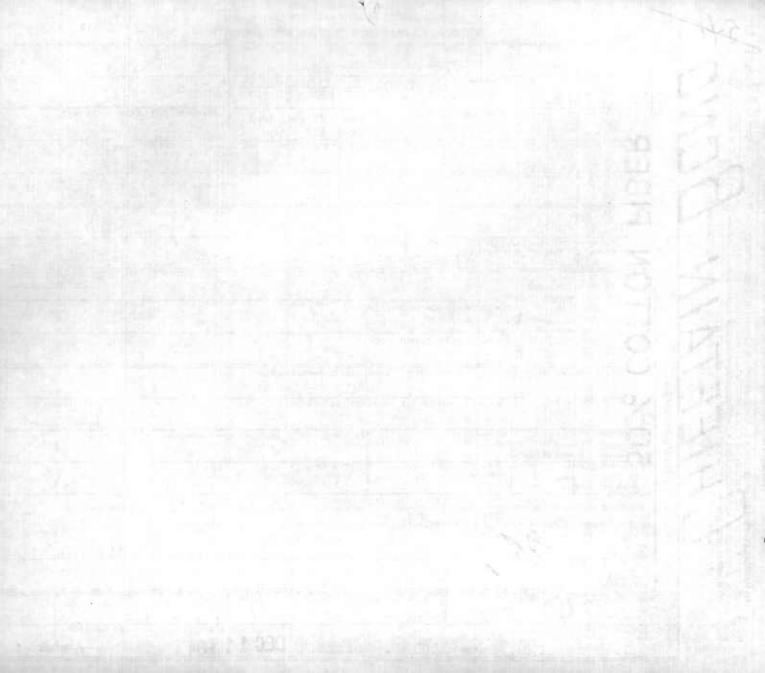
STATE OF MARYLAND

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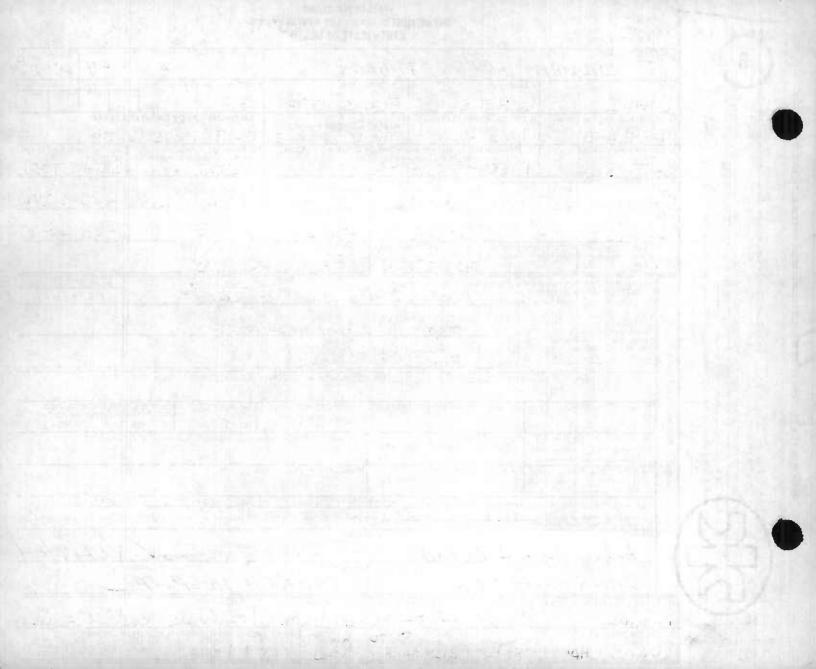
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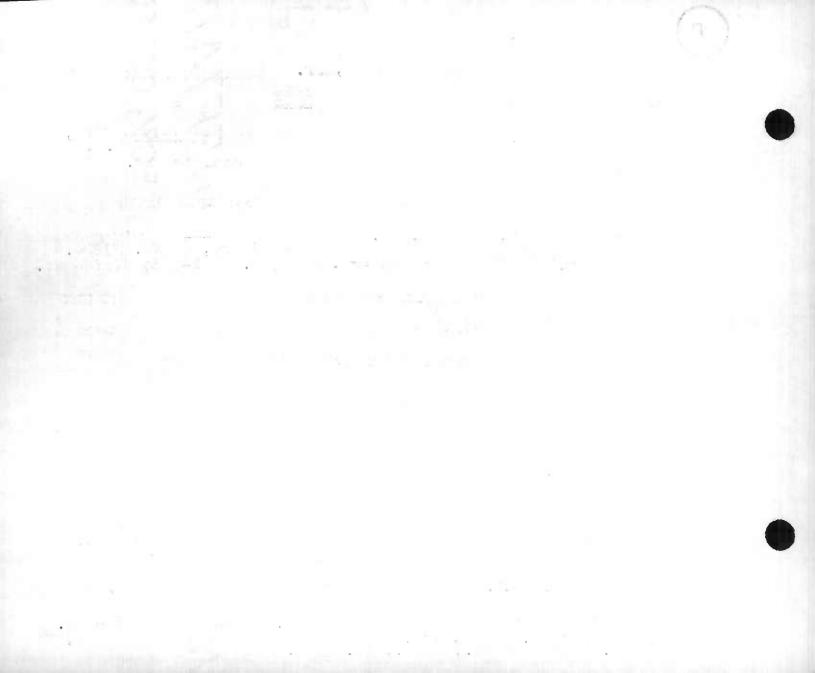
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	MEDICAL CERTIFICATION	190 DATE OF	OPERATION	Ties CONT	UTION FOR	WHICH OPER	ATION W	AS DEDECTOR	AED2				20 AUTOPSY?	
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7	RTI	21a EXTERNA	L CAUSE WAS	21h TIME C	DE IN ILIPY		21/ HC	NW IN ILIPY (	OCCUPPED :	ENTER NATURE OF INJU	IOV IN ITEM 10 DAO	T 1 00 P 01	YES 🗌	NOX
3	I CI		OR NG CAUSE OF		M. MONTH	H DAY YEAR	210.110	344 II430K1 C	JCCOKKED I	LEWICK INVIORE OF MAN	AT IN HEM TO CAR	TORPARI	(2)	
	DIC	21d INHURY C	CCURRED			Y (AT HOME.	21f 100	CATION						
	MEI	WHILE	NOT WHILE (		CTORY, FARM,			TREET		CITY OR TOW	N	COUN	MTY	STATE
		AT WORK	AT WORK					-	-					
		22a. I certi		ge of the remains d	escribed ab	ave, held an	Autop	sy 🔲	Inspection	X, Inquiry	and i	n my apır	าเตก	
		death result	ed from: Natu	ral causes XX	Accident	L. Sui	cide	, Hamicia	de .	Undetermined mo	nner .			
		ACTUAL	6	11				TITLE (SPI				DATE	30101	. 4
-		SIGNATURE.	6	178			M.	D ASS	istant	MEDICAL EXAM	NER	DATE	12/8/8	34
2		EXAMINER'S	NAME	/	245	1000			\$-31T)	DIAM TO L				
4	1	(TYPE OR PRI	VI) Gre	gory R. I				ADDRESS		11 Penn	St.			
	23a.Bl	JRIAL, CREMA	TION, REMOVAL			NAME OF CEA				23d LOCATION CITY OR TOWN		COUNT	Y STA	ATE
-	74 E	Burial	TOP	12/14/8	4	Garris	on I	Fores	t Vet	Owing	s Mil	1 1	Md.	
,		NAME		ADDRE:		01 5	Non		DEA	1 1 400 4	9-1		Y10 0 -	
	V	vm C.	March I	F/H, Inc	11	01 E.	NOL	cu st	DLO	11 1904	· C	under pro-	-Manage	K- F



10	1,	FOR	DE		E OF MARYLAND EALTH AND MENTAUN	YGIENE 3	3 2 9	1
1		STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
( B. )		CEASED NAME FIRST OR PRINT! WILLIAM	A LOUIS	TAY	AST	26. DATE OF DEATH	2 09	84 6:51 M
	1. SE		4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIR		ER 1 YEAR IF UNDER 24 HRS
oe 4.7	C	1ALZ	WHITE	F S P		88	YRS.	
4 30 5	on	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	MARRIE	D NEVER MARRIED			EATH
1 1712		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOW	- Mary	120. USUAL OCCUPAT		KIND OF BUSINESS OR
1 11/8/	lo.	WTIMORE	LIF NOT IN SUCH FACILITY, GI		L.	CTYPE OF WORK FOR MOST C	F WORKING LIFE) IN	DUSTRY SITH STEEL
1 1 1/2	130.	AL RESIDENCE (IF NURSING HOWEON	ITY 13c. CITY C	DRTOWN	134. INSIDE CITY LIMITS?	130. STREET ADDRESS	1500	21/5 21724
		ARYLAND BALL	TIMORE MARK	VILL	15. MOTHER'S MAIDEN		1701/1	11/2.01007
1 11 /1/2/	1		MIDDLE TAY	LOR	ANNA	MIDDLE	5	- HIDIARTY
1 100	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIA	AL SECURITY NO.	17. INFORMANT	ADDRI	ESS	2101.1112
		ES. NO OR UNKNOWN)   1 IF YES, GIV	215 C	57122	FAMILY	RECORDS		
physicia opaper movel.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily ane cause per line far (a) D BY: TE CAUSE (a)	(b), and ici.)	rascular	accident		BETWEEN ONSET AND DEATH
orbo or re	12	IMMEDIA	DUE TO, OR AS A COL	NSEQUENCE OF				
deut deut bon ton ton ton ton ton ton ton ton ton t		Canditians, if any, which		piration	Dreuma	nia		
M. The out the countries of the rate of th	1	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COL	NSEQUENCE OF	1/4			
signed signed buring pury, or	z	PART 2. OTHER SIGNIFICANT (			NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN	PART Ira
No. been	THEATION	198. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
34 101 10	180	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 1 11 11011	TH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	R PART 2)
20 801 34	1 A	(IF EITHER NOTIFY MEDICAL EXAMINER	P,M,	19	140111001			
Of Personal Others of Personal Article District Control of Personal Article District	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	CITY OR TO	wn co	STATE .
AD A S		220.1 certify that (1) (this hospi			3/84 , 19	, to		that (I) (we) lost
100 P		sow the deceased olive an abave, (I) (we) (did) (did no	12/9	19 <u>24</u> , a	nd that in (my) (aur) apini	an death accurred an the d	ate and havr and	ram the causes stated
OH o ho		226. SIGNATURE	. 0 -		DEGREE ATTENDING	MEDICAL STA		20. DATE SIGNED
A SAL defo	4	Dana St	niplein	10	PHYSICIAN 1220 ADDRESS	DIRECTOR PHYSIC	IAN	12/9/84
O HOSPITA fained by O FUNESI Could be d		DANA S	IMPLER			CY HOSP	PITAL	
54 54134		BURIAL, CREMATION, REMOVAL	23b. DATE	23 NAME OF	EMETERY OR CREMATOR			NTV A- CYATE
BP	B	()RIAL	489161.220	- PARKI		MARKVILL		O. MARYLAND
DHMH - 16 50M 4/B2		UNERAL DIRECTOR	A .	DDRESS 8800		ATE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE
(VRA 15, 4)	1	LANS [HOPS]	OF MEMORI	SS HARFO	en Knon In	EP 1 4 4001	grina David	Date-Marines



STATE OF MARYLAND



FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 3 2 9 S

- 6		EASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR P
1	(TYPE	OR PRINT)	INGR	ID	C	THOI	DE .	DECEMBER 27,	1984	3:37 M
ı	3 SEX			4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
3	F	emale	+994	White		De	c. 19,1933°	51 YR:	MONTHS DATS	HOURS MIN.
4		RTHPLACE (STATE OF	REFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	VV _	9 BALTIMORE CITY OR COUN		1
4	C	Germany	1	U.S	.A.	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE (	CITY	MD.
7	0 CI1	Y OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
7		LTIMORE		JC	HNS HOP	KINS	HOSPITAL	crossing Guard	Balto	. Co.
Z	130. S		THE COU	OTHER INSTITUTION	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CO		21117
4		Md.	Bal	to.	Owings M	ills	YES NOTE	18 Pleasant H	ill Road	
A	) FA	Paul		MIDDLE	Prenzel		15. MOTHER'S MAIDEN NAME Annie	WE	Lubri	tz
7		AS DECEASED EVE		MED FORCES?	16b. SOCIAL SECU		17 INFORMANT	18 Pleasa	nt Hill	Road.
9		No	(11 123, 011	VE WAR OR DATES	215-40-41	620	Gunter Thode	Owings Mi		
1		18 CAUSE OF DEA	TH (Enter ar	ly ane cause pe	r line far (a), (b), and	Licial	Λ μ		BETWEEN	ONSET AND DEATH
		PART I. DEATH		D BY: TE CAUSE (a)	Respira	tory	Failure		5	minutes
				DUE TO, C	R AS A CONSEQUE		edema		1	dance
		Conditions, if any gove rise to im		(b)_	Pumo	nary	Eurna			· · · · ·
4		cause (a), state		DUE TO, C	OR AS A CONSEQUE	NCE OF	Monopolic	squamous ca	cinema	FLOORS
3		PART 2 OTHER SIG	IN IEIC ANT	ONDITIONS C	ONTRIBITING TO E	EATH BUT		INAL DISEASE OR CONDITION		S years
	NO	TANT E. OTTEN SIC	ZIVIL ICAIVI	conditions <u>c</u>	ON TRIBUTING TO E	ZZAIII DOI	THE REPORT OF THE PERMIT	III A DO SEASE ON CONTONION	011211111111111111111111111111111111111	
剪	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDI	
4	KTIFI					233		YES NO NO	YES 🗌	NO 🗆
5	Device	21a. ACCIDENT WAS U	_	110110 4	OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
$\mathbb{Z}$	MEDICAL	(IF EITHER, NOTIFY ME	DICAL EXAMINE	P) P	.M.	19				
	MED	21d INJURY OCCU			OF INJURY TREET, FACTORY, OFFICE, F.	ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	1		ORK			Decem	12 -12 - WL	December 2	7 84	
	50	220 L certify that (		DA Aldina h		7.1		death occurred an the date and		that (I) (we) last
		abave, (1) (we) 22b. SIGNATURE	(did) (did no	it) view the bod	y after death.		DEGREE		/ 22¢ DATE	
1		Michelle	ne 1	1c Cart	ky	M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	121	27/84
1		MICLA PHYSICIAN'S N	TAME (TYPE	OR PRINT)	athan		Top ac han	bin Marila	Raltima	ro hed 217
-	22a B	URIAL, CREMATION	BEHOVE	23b. DATE	122. 4	IAME OF C	EMETERY OR CREMATORY	123d LOCATION	Dulline	JANA . HA
		SPECIFY) Burial	, KEMOVAL					CITY OR TOWN	COUNTY	STATE MA
	24 FU	INERAL MECTOR	1	I Dec. 2	3. 1304 IEA	argre		ardens, Finksbu E REC'D. BY REGISTRAR 256 REG		
		W.X 5	1. lag	alt-	Owings Mi	lls,	Md.	1 1004 S.C. Tou	1 Want	

DHMH - 16 50M 4/83 (VRA 15, 4)

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16	EEPI, 21 .00	d I	st how	olema?
7.7	XX			Germany
roseine Guerd Hallo. Co.	9 10-			
18 Pleaset Mill Rese		Detr / MELLs		
arladal	nimit .	Isnasa S		Email
18 Pleasant Hill Mart, Orings Hills, W. 2111	snorth to final	23,5404,620		
	(a) it or fluire			
Orines Mille, W. 2111				
Orines Mille, W. 2111				
Orings Miller, W. 2111				

Ovince M3228, 16.

Dec. 39,1984 Everyment Hemordel Gerdune, Finkeburg, Carroll, Mc.

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MPORTANT: If hem

MEDIC

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALHYGUNE

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REG. N	Ю.				
OF DEATH	MONI	H D	AY	YE AR	2b. H
EMBER	7	198	84		7.3
N VEARS LAST RE	THOAY	1	IE UNDE	PIVEAR	# UN

FOR STATE REGISTRAR			DEPARTA			OF DEATH	GENE	REG. I	3 3	0 0	
1. DECEASED NAME {TYPE OR PRINT}	HARR:		ANNA		AST IOM	AN		OF DEATH EMBER		984	7.30 A. A
3. SEX FEMALE		4 RACE WHIT	E	S. DATE C		1922 YEAR	6. AGE	62	PRTHDAY)	MONTHS DAYS	R # UNDER 24 HRS
70. BIRTHPLACE (STATE OF COUNTRY)  MD.	9	U.S.		WIDOWE	D	IEVER MARRIED DIVORCED		BALTI	MORE		MI
BALTIMO	RE	4209	OSPITAL, NURSIN	AVENU		ER INSTITUTION	(TYPE OF	AL OCCUPA WORK FOR MOST IEMAKI	OF WORKING	126. KIND INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (IF NU 130 STATE MD.	13b COUN		BALTIMO	N	YES		42	ET ADDRESS	ZIP COL	AVE.	21206
14 FATHER'S NAME FIRST RAYMO		MIDDLE	HARRIS		15. MC	THER'S MAIDEN N		WIDDLE	1.5	UNKNO	
160 WAS DECEASED EVE {YES, NO OR LINKNOWN}		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 215-16-			RRY THO	MAN		E3016 HYDE		. 21082
Conditions, if on gove rise to in cove (o), stol	IMMEDIAT  y, which mmediate	D BY: E CAUSE (0). I  DUE TO, O  (b)	line for (a), (b), one  SEM ON  R AS A CONSEQUE	ATED ENCE OF	Н	FAD AND 1	VECK	CANCI	P.R.	APPROBETWEE	Oximaté interval n onset and déath
underlying cause	se lost.	ONDITIONS CO		DEATH BUT		ELATED TO THE TER	MINAL DIS	EASE OR CO	NDITION G	IVEN IN PART	lta
TO DATE OF OPER  21g. ACCIDENT WAS U	ATION		TION FOR WHICH				20a A	UTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES ]	
21a. ACCIDENT WAS U	CAUSE OF DEA	in .	FINJURY M. MONTH DA	YEAR	21c H	OW INJURY OCCU	RRED (ENTI	ER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	

21d. INJURY OCCURRED 21e PLACE OF INJURY

22a.1 certify that (1) (this haspital) attended the deceased from

21f. LOCATION

STREET

DEGREE

COUNTY STATE

saw the deceased alive an 22b. SIGNATURE

ATTENDING PHYSICIAN []

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) DR.

NOT WHILE

HORNADO

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

22e ADDRESS 9th Flr. HOSPITAL

230. BURIAL, CREMATION, REMOVAL 236. DATE BURIAL 12/10/84

23c NAME OF CEMETERY OR CREMATORY OAK LAWN

23d LOCATION BALTIMORE

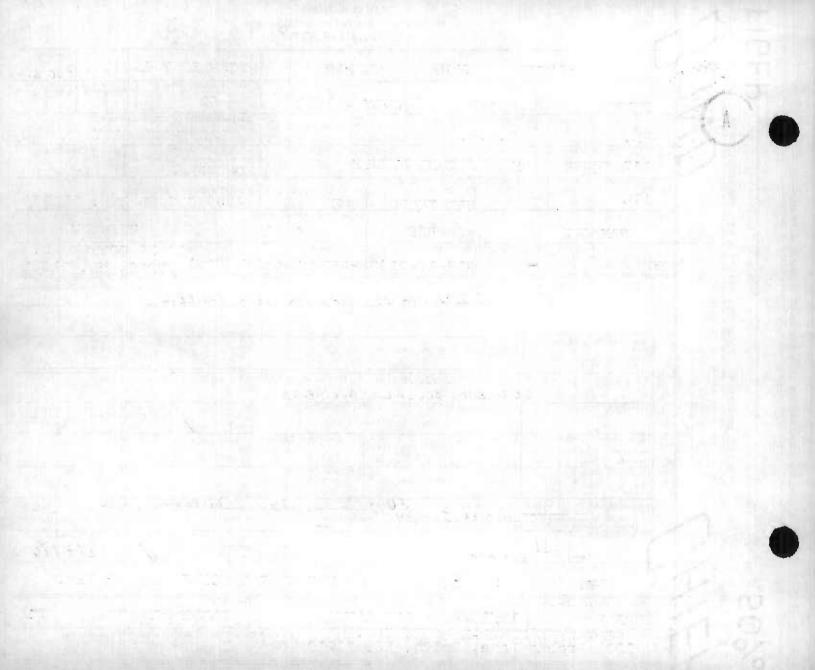
COUNTY

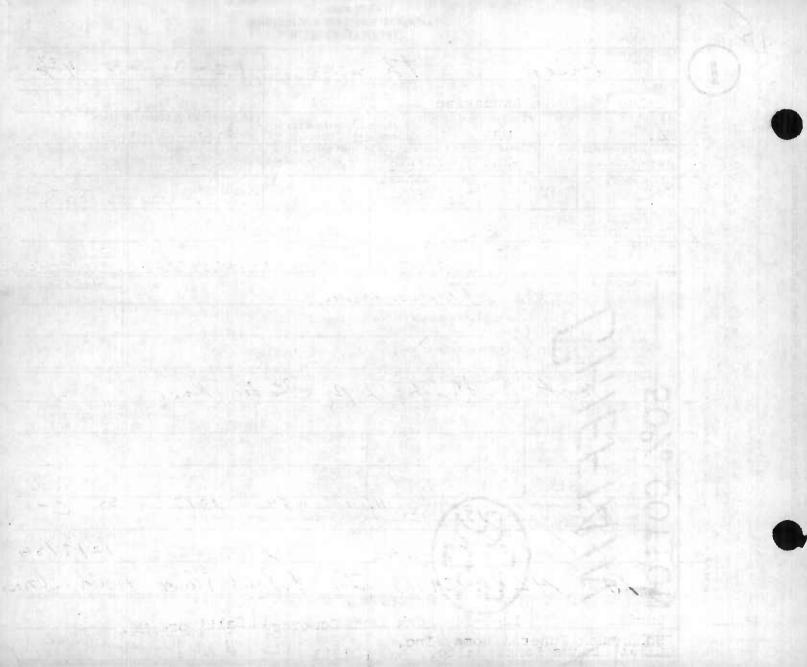
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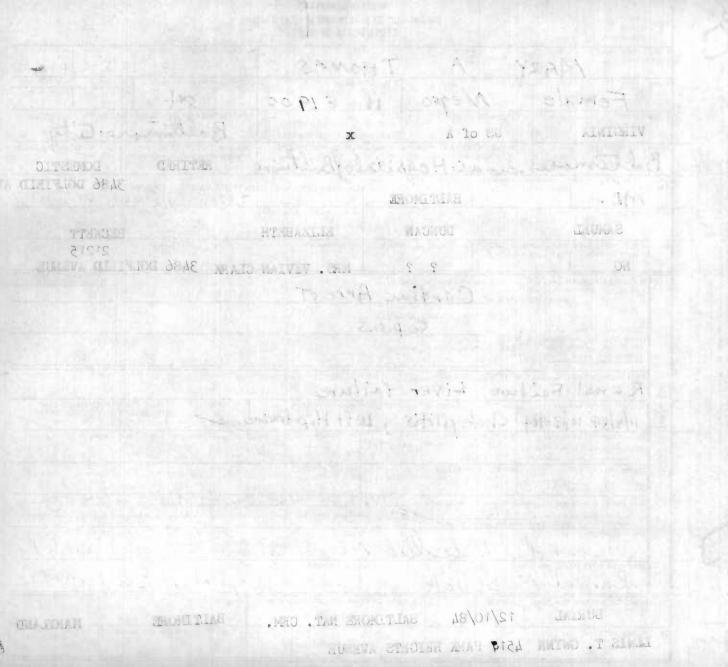
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL BOTH THUNEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 21213

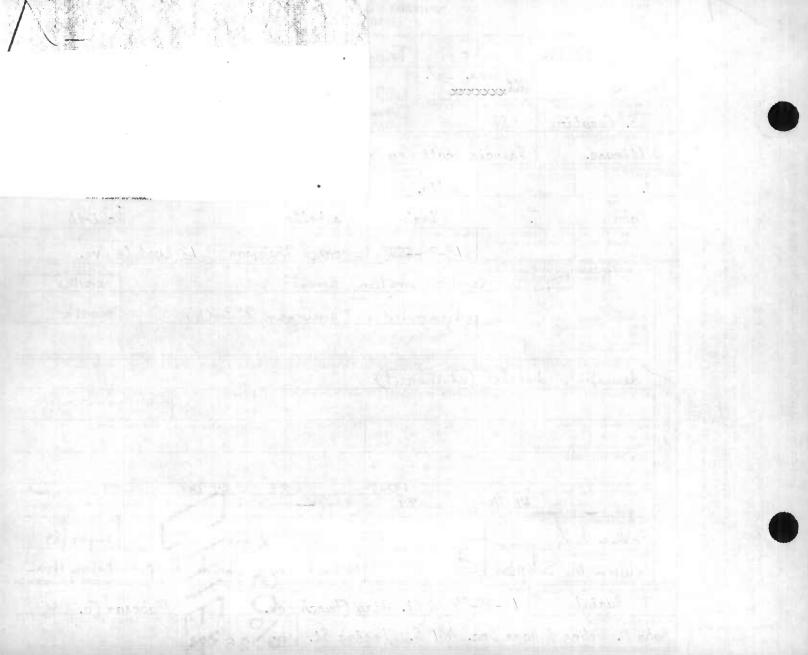
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE







	1-	FOR STATE REGISTRAR	0	DEPARTMENT OF CERTI	HEALTH AND		REG. NO	0.		
		CEASED NAME BEVIAL		Tho	mpson	8	AC DATE OF DEATH	Z Z	+ 8+	12 hour
o de la companya de l		emale	Maximum.	MON	OF BIRTH TH DAY	YEAR	6 AGE IN YEARS LAST BIR	YRS.	F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
÷77	7a. B	S. Carolina	76. CITIZEN OF WHAT CO	MARRI		NORCED [	9. Baltimore City o		OF DEATH	MD
Potified /	B	or town of DEATH	11. NAME OF HOSPITAL,  JE NOT IN SUCH FACILITY, OF	ott Rey 1	led. (tr		120 USUAL OCCUPATE (Type of work for most o			F BUSINESS OR
35	13a S	AL RESIDENCE (IF MURSING MOME OF TATE 136 COU	INTY 13c. CITY	NCE BEFORE ADMISSION OR TOWN LO.	13d INSIDE C	NO 🗌	13 STREET ADDRESS 405 N. Mil	ZIP CODE	ve. 212	224
ox Omine	14. FA	John	(AIDDIE	Tark		s maiden na firste elle	ME	M.	McGirt	
e medico		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	ial security no. -76- <b>5</b> 508	17. INFORMA		npson 3213		Le Ave.	
ol, cremotion, or removal. or other traumotic event, th		PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	ones pirato onseouence of chondriti	J	eurysm	2° to (b)		Minu	1.1
ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT  dementia, 6  190 DATE OF OPERATION	1 1 / 1	(Tonset)	1977	77	200 AUTOPSY?	206. IF YES, IN CERTIFY	, WERE FINDIN YING CAUSES	NGS USED
Mental Hygiene or Item 18 shows	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OF ETHER, NOTIFY MEDICAL EXAMIN 216. INJURY OCCURRED	EATH HOUR A.M. MON	NTH DAY YEAI	2		RED (ENTER NATURE OF INJUI			
morked or	MEG	WHILE NOT WHILE AT WORK  220.1 certify that (I) (this hosp	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM ETC )	STREET	10 84	city or to		COUNTY	STATE
NT. If hen 21 is	No. Change	saw the deceased alive a	on 24 Dec.	19. <b>84</b>	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN []	ond from the o	SIGNED
IMPORTANT:		William M. S BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 12-28-84		CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	Robe.	COUNTY	19 Home
4/83		uneral director	Sons Inc. 40			25a. DA1	TE REC'D. BY REGISTRAR		RAR'S SIGNATI	



1			0.004.071	MENT OF HEALT	I ALLO BEFRITAL MANO	APALE make	man A	44	
11,	FOR STATE REGISTRAR		DEPARTI		H AND MENTAL HYG	REG. N	<b>3</b> 3	0 4	
	DECEASED NAME	FIRST	MIDDLE	LAST		2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(1	TYPE OR PRINT)	uise	M.	Thoma	oson.	Dec. 6.	1984		1
3.	SEX	4 RACE		5. DATE OF BIR	тн	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	Female	Whit	e	Feb. 27,	07907 YEAR	77	YRS	THS DAYS	HOURS MIN
20	BIRTHPLACE (STATE OR F	OREIGN 76 CITIZEN C	OF WHAT COUNTRY?	MARRIED .	NEVER MARRIED	9 BALTIMORE CITY C	-	DEATH	
82	Maryland	U.	SA	WIDOWED	DIVORCED [	Baltimo		!	
90"	CITY OR TOWN OF DEA Baltimore		DE HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET L. L. Leaton		Center	TYPE OF WORK FOR MOST	WORKING (IFE)	126. KIND OI INDUSTRY	F BUSINESS O
	14 1 7	ING HOME OR OTHER INSTITUTE 136 COUNTY	13c. CITY OR TOW	/N 113d. I	NSIDE CITY LIMITS?	13e.STREET ADDRESS		01,	MIDA
52	FATHER'S NAME		Baltim		NOTHER'S MAIDEN NA	ME C. Gutti	ngs St.	Balto	Md.272
3892	William	B.	Sunderlar		Mary	E MIDDLE	Wa	and LAST	
ledicol 160	(YES, NO DE UNKNOWN)	IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)		358 N	represent to the second of M	.Thompson, 2		2123	Balto
٩ = =		H (Enter only one couse p			ice por abace 14	· rrangosore, z	120 0100		MATE INTERVAL
÷	underlying couse	lost.							
ws any injury, or oth	PART 2. OTHER SIGN	(c) (c)	CONTRIBUTING TO			20a AUTOPSY?	20b. IF YES, W	ERE FINDING CAUSES	IGS USED OF DEATH?
haws any injury, or	PART 2. OTHER SIGN	(c)_ NIFICANT CONDITIONS		OPERATION WA	S PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [	/ERE FINDINIG CAUSES	IGS USED
18 shows any injury, or	PART 2. OTHER SIGN	(c)_ NIFICANT CONDITIONS  TON 19b CON DERLYING   21b TIME HOUR	E OF INJURY A.M. MONTH D	OPERATION WA	S PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	/ERE FINDINIG CAUSES	IGS USED OF DEATH?
or Item 18 shows ony injury, or	PART 2. OTHER SIGN  19a DATE OF OPERAT  21a, ACCIDENT WAS UND OR CONTRIBUTING CA 21d, INJURY OCCURR WHILE COLUMN	OPERLYING 21b. TIME CAUSE OF DEATH CALEXAMINER) RED 21e. PLAC (AT HOME.)	NDITION FOR WHICH	AY YEAR 19 216	S PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [	/ERE FINDINIG CAUSES	IGS USED OF DEATH?
18 shows ony injury, or	PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CO. (IF EITHER, NOTEY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT WORK	(c)_ NIFICANT CONDITIONS  TION 19b CON DERLYING 12b TIME CAUSE OF DEATH CALEXAMINER)  RED 21e. PLAC (AT HOME.)	E OF INJURY  A.M. MONTH D  P.M.  CE OF INJURY  STREET, FACTORY, OFFICE	AY YEAR 19 216	S PERFORMED  HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b, IF YES, WIN CERTIFYIN YES [	/ERE FINDING CAUSES  1 OR PART 2)  COUNTY	IGS USED OF DEATH? NO
orked or Item 18 shows ony injury, or	PART 2. OTHER SIGN  190 DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING CONTR	OFFICIAL STATE OF DEATH CALEXAMINER)  RED 21e. PLAC (AT HOME. RED (AT HOME. RED (AT HOME. RED (AT HOME. RED))  William (AT HOME. RED)	E OF INJURY  A.M. MONTH D  P.M.  CE OF INJURY  STREET, FACTORY, OFFICE  The deceased from	AY YEAR 19 FARM, ETC.)	HOW INJURY OCCUR LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE OF INJU	20b. IF YES, WIN CERTIFYIN YES [	/ERE FINDING CAUSES	IGS USED OF DEATH? NO STATE
orked or Item 18 shows ony injury, or	PART 2. OTHER SIGN  190 DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING CONTR	OFFICIAL CONDITIONS  FION 19b CON  DERLYING 19b CON  CAUSE OF DEATH HOUR  CALEXAMINER)  RED 21e. PLAC  (AT HOME.  RED (AT HOME.  WHILE 10b CONDITIONS  WHI	E OF INJURY  A.M. MONTH D  P.M.  CE OF INJURY  STREET, FACTORY, OFFICE  The deceased from	AY YEAR 19 FARM, ETC.)	HOW INJURY OCCUR LOCATION SIREET  1 in (my) (our) opinion	200 AUTOPSY?  YES NO CITY OF TO  CITY OF TO  death occurred on the death	20b. IF YES, WIN CERTIFYIN YES [ RY IN ITEM 18. PART	/ERE FINDING CAUSES	STATE
Hem 21 is marked or Item 18 shows any injury, or	PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING OF CONTRIBUTING	OFFICIAL STATE OF DEATH CALEXAMINER)  RED 21e. PLAC (AT HOME. RED (AT HOME. RED (AT HOME. RED (AT HOME. RED))  William (AT HOME. RED)	E OF INJURY  A.M. MONTH D  P.M.  CE OF INJURY  STREET, FACTORY, OFFICE  The deceased from	AY YEAR 19 216	HOW INJURY OCCUR LOCATION SIREET  1 in (my) (our) opinion	200 AUTOPSY?  YES NO CITY OF TO  CITY OF TO  death occurred on the death	20b. IF YES, WIN CERTIFYIN YES [ RY IN ITEM 18. PART	COUNTY	STATE
Hem 21 is marked or Item 18 shaws any injury, or	PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING OF CONTRIBUTING	OPERITYING CAUSE OF DEATH HOUR CALEXAMINER)  ALTER CAUSE OF DEATH HOUR CALEXAMINER)  AT HOME.	E OF INJURY  A.M. MONTH D  P.M.  CE OF INJURY  STREET, FACTORY, OFFICE  the deceased from  19  adv ofter death	AY YEAR 19 216. FARM, ETC.) 216 DEGR	HOW INJURY OCCUR LOCATION SIREET  1 in (my) (our) opinion	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WIN CERTIFYIN YES [ RY IN ITEM 18. PART	COUNTY	STATE
Hem 21 is marked or Item 18 shaws any injury, or	PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CONTR	OPERITYING CAUSE OF DEATH HOUR CALEXAMINER)  ALTER CAUSE OF DEATH HOUR CALEXAMINER)  AT HOME.	E OF INJURY  A.M. MONTH D  P.M.  CE OF INJURY  STREET, FACTORY, OFFICE  The deceased from	AY YEAR 19 216. FARM, ETC.) 216 DEGR	HOW INJURY OCCUR  LOCATION STREET  19 10 in my (our) opinion EE ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OF TO  CITY OF TO  death occurred on the death	20b. IF YES, WIN CERTIFYIN YES [ RY IN ITEM 18. PART	COUNTY	STATE
MPORTANT: If Item 21 is marked or Item 18 shows any injury, or manical CEPTIFICATION	PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CONTR	OPERLYING TO THE HOUR CAUSE OF DEATH HOUR CAUSE OF DEATH HOUR CAUSE OF DEATH HOUR CAUSE OF DEATH	NDITION FOR WHICH E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE the deceased from 19 sidy ofter death	AY YEAR 19 216 FARM, ETC.) 217 PY, and the	HOW INJURY OCCUR  LOCATION STREET  19 1 in my lour) opinion EE ATTENDING PHYSICIAN ADDRESS	ZOO AUTOPSY?  YES NO  RED (ENTER NATURE OF INJURED)  CITY OR IC  death occurred on the d  DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [ RY IN ITEM 18 PART  WWN  100 of e and hour or	COUNTY  22c. DATE	STATE
IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or	PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	OPERLYING TO THE HOUR CAUSE OF DEATH HOUR CAUSE OF DEATH HOUR CAUSE OF DEATH HOUR CAUSE OF DEATH	NDITION FOR WHICH E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE the deceased from 19 sidy ofter death	AY YEAR 19 216 FARM, ETC.) 217 PY, and the	HOW INJURY OCCUR  LOCATION STREET  19 10 (our) opinion EE ATTENDING PHYSICIAN ADDRESS 10 ERY OR CREMATORY Mem. Park	ZOO AUTOPSY?  YES NO  RED (ENTER NATURE OF INJURED)  CITY OR IC  death occurred on the d  DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [  RY IN ITEM 18 PART  One and hour at the second secon	COUNTY  22c. DATE  1 2/1	STATE  ST

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3 3 3 0 5

		REGISTRAR				CERTII	ICAIL OI DEATH		REG. N	10.				
4		CEASED NAME	FIRST		MIDDLE	L	AST	20. DA	TE OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
1	(1105	OR PRINT)	WILLIAM	G.	ABRIEL	THO	RNTON			12	07	84	5:1	4P M
	3. SE X	x	4. RA	CE	F. F.	5. DATE C		6. AGE	(IN YEARS LAST BI	RTHDAY)	MONTHS	DER I YEAR	IF UNDER	24 HRS
	-0	Male	T I	White		Sept		6	53	YRS		DATS	HOURS	MIN,
		RTHPLACE (STATE OF	R FOREIGN 76 C	TIZEN OF	WHAT COUNTRY	? 8		BAL	TIMORE CITY			EATH		
1	ľ	Maryland		U.S		WIDOWE		□ Ba	altimore		ryla	nd		MD.
1		ITY OR TOWN OF DE		IF NOT IN SUC	CH FACILITY, GIVE STREE	T ADDRESS)	ROTHER INSTITUTION		F WORK FOR MOST			L KIND O	F BUSINE	55 OR
/	- f	altimore			gnes Hos			Re	etired		U	.S.S	teel	Co
5	130 S Ma	al residence is not state aryland	Howard	INSTITUTION	136. CITY OR TOV	WN		513	REET ADDRESS 30 Bonni		ores	. 2	1043	
2		ate Fulle	MIDDLE		LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE			LAS	3	
4								garet	( Burr			1.31		
7		VAS DECEASED EVE YES NO OR UNKNOWN) Yes	(IF YES GIVE WAR		166 SOCIAL SEC		17 INFORMANT		ADDR	ESS				
last.		res	I WW I	.1	217 14	0631	Mrs Betty '	Thornt	on 513	10 B	onni	e Ac		21043
4		18 CAUSE OF DEA	TH (Enter only one WAS CAUSED BY	e couse per			-1- 0(10V	1	ODEC-	_		BETWEEN	MATE INTER	DEATH_
		TANT L. DEATH	IMMEDIATE CA	USE (0)	CARDI	OVOL	MONARY	44	(KCS)			21	DAY	2
	100			DUE TO, O	R AS A CONSEQU	JENCE OF	0018 60 100		11000	et andre	,	2	P A	
1		Conditions, if on		(b)	ACUT	6 /	MYOCARDI	IAC 1	NFAR	-110	$\sim$	2	DAY	7
		couse (o), state	ing the	DUE TO, O	RAS A CONSEQU	JENCE OF					1			
1		underlying cous	e lost.	(c)	CAR	D10 G	ENIC SH	700	K					
1	7	PART 2 OTHER SIG	SNIFICANT COND	ITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DI	SEASE OR CON	DITION	SIVEN IN	PART 110	)	
	CERTIFICATION													
1	ICA	19a DATE OF OPERA	ATION	96 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200	AUTOPSY?				OF DEAT	
	RTI							YES			YES [	12.12	NO [	
2	G	218. ACCIDENT WAS UP	- Land	HOUR A.	M. MONTH [	DAY YEAR	21c. HOW INJURY OCC	CURRED (EN	TER NATURE OF INJU	JRY IN ITEM I	8 PART I OI	RPART 2)		
	CAI	(IF EITHER NOTIFY MEE	DICAL EXAMINER)		M	19				100	4			
	MEDICAL	21d. INJURY OCCUP			OF INJURY	FARM ETC )	211. LOCATION STREET		CITY OR TO	OWN	co	YINUC	5	TATE
	~	AT WORK AT W	VHILE	2370									1	
1		22s I certify that (		ttended th		112	-6- 19	10.	12-	7-	_ 19_2		that (1) (v	
1		saw the decea obove, (1) (we)	sed alive on (did) (did not) viev	v the body		X7., on	d that in (my) (our) opin	nian deoth o	curred on the d	ate and h	aur and	from the	couses sto	ted
d	80	22b. SIGNATURE	. ~		1		DEGREE				2	2c. DATE	SIGNED	0 1
1		Ku	USW /	de	-/es (1	w	ATTENDING PHYSICIAN			CIAN D		12-	-/-	87
		224 PHYSICIAN'S N	1 .		TOA		22e ADDRESS		1.0.0	0 0	2 0 4 .	T /	10	
		K	· MAC	-HU	TRA		SI ACO	NES	HOS	1, 18	SHC,	1 , 11	10	
1		SURIAL, CREMATION	, REMOVAL 23E	. DATE	230	NAME OF C	EMETERY OR CREMATO	RY 23d.	LOCATION		COIN	NTY		TATE
		Buria	1 D	ec 11	, 1984Ga	rrisn	Forst-Veter	cns		Bal	1+0	Mary	land	3
		JNERAL DIRECTOR			ADDRECT		250	DATE REC'D	BY REGISTRAR	25b. REGI	STRAR'S	SIGNAU	PELOUSE	-
	Ha	erry H Wit	zke 4112	Cool	umbia Ro	Ellic	cott City	EU 1	U DOH	1		-		.4

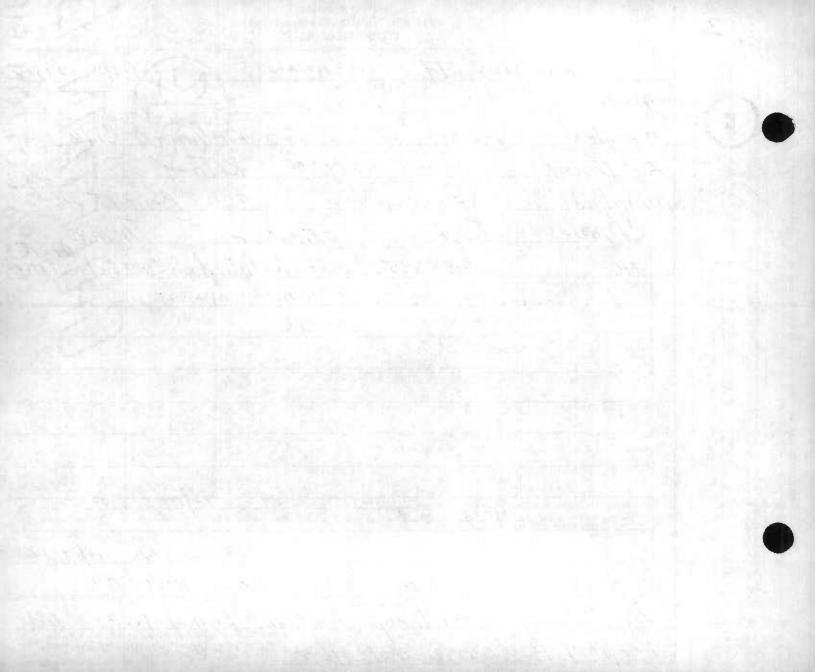
DHMH - 16 50M 4/B3 (VRA 15, 4)

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		No. of Street			
: i: e	12 7		LUTAVID.	ON THE	

1	500		STATE OF MARYLAND		
1	FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	3 3 0 6
	ECEASED NAME FIRST	MIDDLE	(AST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
3. S		USTUS H.	TILGHMAN	6. AGE (IN YEARS LAST BIRT	INDAY IF UNDER 1 YEAR IF UNDER 24 HI
3. 5	male	Col.	5. DATE OF BIRTH  MONTH  DAY  YEAR  10  1899	85	MONTHS DAYS HOURS MI
35 7	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH
10 0	BALLIMORE	17. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION  EET ADDRESS)	120 USUAL OCCUPATION OF THE OWNER PUR MOST O	
35 7 7	PAL RESIDENCE (IF NURSING HOME OF STATE 1136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEI	ORE ADMISSION)	13e. STREET ADDRESS	Belmont Ave.
90 20	Charles	MIDDLE TILLIA	15. MOTHER'S MAIDEN NA  ETheli	MIDDLE	Thomas
	WAS DECEASED EVER IN U.S. AF	RMED FORCES SOCIAL SE SE WAR OR DATES)	CURITY NO. 117 INFORMANT	oth tild me	SS 3228 Rel 2/21
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b),	OND RESPIRATO	Ou a DOT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	IMMEDIA	TE CAUSE (o)	THOUGH PESPINATIO	my mperes	31
	Conditions, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF SEPSIS		
	gove rise to immediate couse 10), stating the underlying couse fast.	DUE TO, OR AS A CONSEC	DUENCE OF		
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN IN PART 1(a
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
-7	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONTH	DAY YEAR		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	211. LOCATION	CITY OR TOV	WN COUNTY STATE
		ottol) attended the deceased from 1417 19	111	death accurred on the da	19, that (1) (we) live and hour and from the causes stated
	22b. SIGNATURE	0 5	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAP	FIAN ( 12/17/84
1	LEDUUIA		TO 220 ADDRESS 2UTITE	RON I	OSPITAL
	BURIAL, CREMATION, REMOVAL	12-22-84 /	NAME OF CEMETERY OF CREMATORY	DH LOCATION PIT OF TOWN	1 86% Good
1 24 6	UNERAL DIRECTOR	Pucs o han li		FC 2 8 1084	256. REGISTRAR'S SIGNATURE Funda Davidson-Randall

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



FOR STATE

STATE OF MARYLAND

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	REGISTRAR			CERTIFICATE	OF DEATH		REG. NO.			
	CEASED NAME E OR PRINT)  Z IA	FIRST	WIDDLE	ILLI	E A		OF DEATH MON	6184	EAR 26	1-35 <sub>M</sub>
3 SE		4. RACE	IT€	July 16,			N YEARS LAST BIRTHDAY			FUNDER 24 HRS
7a B	IRTHPLACE (STATE OR FORI	16. CITIZEN OF	WHAT COUNTRY?	8. MARRIED □ N WIDOWED 🔀	EVER MARRIED DIVORCED	Bo	dore city or co		TH	MD.
	Baltimore	Good	HOSPITAL, NURSING CHEACILITY, GIVE STREET AS Samaritan	Hospita	R INSTITUTION	12a USUA (TYPEGE W	ORK FORMOJT OF WO	PRXING LIFE) 12b. KI		BUSINESSOR
130.		Balto.	13c PITY DE TOWN	13d. IN		204	3 Spring	Road-2	1234	
		n Rauber	LAST		THER'S MAIDE POSO	Hanf	MIDDLE		LAST	
	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES}	213-74-6		ormant S Doro	thea M.	Zink - 2			
	18. CAUSE OF DEATH ( PART I. DEATH WAS		r line far (a), (b), and CAR DIO		2 Am	PV AI	REST	BET	PPROXIMA WEEN ONS	TE INTERVAL SET AND DEATH
z		thich (b) diote the lost.		MEROT MYD G	RDIAL LATED TO THE	INFA TERMINAL DISE		AND ON GIVEN IN PA		
CERTIFICATION	190 DATE OF OPERATIO	19b. CONE	DITION FOR WHICH C	PERATION WAS			IN	b. IF YES, WERE F CERTIFYING CA YES	INDINGS JUSES OF	S USED F DEATH?
MEDICAL CER	218. ACCIDENT WAS UNDERFORCED CAU	SE OF DEATH HOUR A	DF INJURY m. MONTH DAY m.	YEAR 19		CCURRED (ENTER	NATURE OF INJURY IN I	ITEM 18 PART   OR PA	RT 2)	
MED	21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK	LAT HOME. S	OF INJURY FREET, FACTORY, OFFICE, FAR		STREET		CITY OR TOWN	COUN	ITY	STATE
	220 I certify that (I) (the saw the deceased above, (I) (we) (did		19	, and that i	, 19 n (my) (aur) ap	, ta	rred on the date o	nd hour and trai		nt (I) (we) last uses stated
	226. SIGNATURE	anches	2	DEGREE	ATTENDII PHYSICI		AL STAFF DR PHYSICIAN		DATESIC	SNED
	LUS F	SANCI	七七	22e Al	DDRESS				- 13	
	BURIAL, CREMATION, RE. (SPECHY)  Burial	MOVAL 23b. DATE	9-84 Ba	AME OF CEMETER	Y OR CREMATO	C	CATION ITY OR TOWN	COUNTY		STATE
24 F	ohn . Mille	er Inc-6415	Belair Ra		250	DEC 1	1984	REGISTRAR'S SIC	GNATUR	indell.

Miller Inc-6415 Belair Rd. -21206

DHMH - 16 50M 4/83 (VRA 15, 4)

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1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND HEALTH AND MENTAL SIYE TICATE OF DEATH	GLENE 3		0 8	
	CEASED NAME FIRST		WIDDIE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	OLA		IAE		NDAL	DECEMBER		1984	М
3. SE	X	4. RACE		5. DATE (		6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	FEMALE	BLAC		12		67	YRS.		
7	RTHPLACE (STATE OR FOREIGN COUNTRY)  CAROLINA		WHAT COUNTRY?	MARRIE WIDOWI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY BALTIMOR			MD
	ALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSING HEACHITY, GIVE STREET RAN HOSP	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (1YPE OF WORK FOR MOST HOMEMAK	OF WORKING		F BUSINESS OR
13a S	AL RESIDENCE (IF NURSING HOME STATE 13b, COI RYLAND THER'S NAME		GIVE RESIDENCE BEFOR	/N	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 2403 HARI			
14.17	Joe	MIDDLE	Hilt	on Sr	15 MOTHER'S MAIDEN NA FIRST  Margare	<b>t</b>			ukes
	VAS DECEASED EVER IN U.S. A	ARMED FORCES?  GIVE WAR OR DATES)	166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADD	2403 H	Harlem A	venue
	No.		220-22-9	955	Rev. Henry W	. Tindal	Baltin	nore, Md.	MATE INTERVAL
	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	( (c)	RAS A CONSEQUE	mel	litus.	IINAL DISEASE OR CO	NDITION G	year year	) 7
CERTIFICATION	19a DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	206 IF YI	ES, WERE FINDIN	IGS USED OF DEATH?
FR	710. ACCIDENT WAS UNDERLYING	21b. TIME C	E INTUDV		21c. HOW INJURY OCCUR	YES NO		res 🗌	NO 🗌
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH D		The HOOK HOOK OCCUR	TENTER NATURE OF IN	UKY IN ITEM 18	PARTIORPARTS)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMING 1 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE		FARM ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	22a.1 certify that (1) (this has sow the deceased alive a above, (1) (vertical) (did	n Dec 1	0 198	Fel.	nd that in (my) (aur) opinian	to Dee	date and ho		that     (aue) last couses stated
	226. SIGNATURE	Clad So	lein	1		MEDICAL ST.	AFF ICIAN 🔲	12/2	22/34
	ATADLLAH	GOLPI		1.D.		ndalk a	ne:	# 2122	2_
	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN		COUNTY	STATE
24 51	Burial  JNERAL DIRECTOR	12/28,	/1984 Wo	odlaw	n Cemetery	E BEC'D BY BEC'CIB		more, Ma	
	TTER & SONS	UNERAL HOME 25	O1 GWYNN	S FAL	dro-	1 1984	A. K.	dson-Aand	. 4

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this

1051-55 22, 1984		LIMBEL.		970x	
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coem ker Home			/		5,01,0114
13 USERSAL AVA. Mary Land (21)					- TOKAT NA
Jennes Jennes 2000	344/164	. 7.3	no Lin		300
indel Bittmore, id. 21216	T. demand	.ve/.	200-		. 514
	W				
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STATE OF MARYLAND

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	Servedille 1564D Hall		
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28 /28/67			
18/08/pt			
RYVED DRAILS ARE	17/4/9/ 502.7	4600	Witness F. S.
Tanaytoun, NO	hutijeran s Co	Trinis , Janeins & Sans Lo., N.C0181	Eurick Henny W. Hude York Rood Ba

0.00			STATE OF MAKTLAND		
1.	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	7 0 0 0	1 0
I DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.  20 DATE OF DEATH MONTH DAY	YEAR 25 HOUR_
	JO SEP		Talaka	12 2	1 04 1054
3. SE		RACE	S. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS
3. 36	Fomale	White	MONTH DAY YEAR	70 YRS MON	
7a. B		CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY OF	DEATH
444 C	Dorado	UnitedStal	MARRIED   NEVER MARRIED	Bo Itmore	City MD.
	ITY OF TOWN OF DEATH	I. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  WPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
D / J	AL RESIDENCE (IF NURSING HOME OR OT	HOUNCIS SCO	off Key Medica	TOMEMAKER!	DSSA
35 m	STATE 136 COUNTY	Y DECITY OR TOW		130 STREET ADDRESS / ZIP CODE	21206 Act. (
il F	ATHER'S NAME	DDIE	15. MOTHER'S MAIDEN NA	ME	140
300	CHARLES J	BONGIOVAN	FIRST	UCIA MANCUS	LAST CONTRACTOR
	WAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SECU	RITY NO 17 INFORMANT _ ~	ADDRESS UPPE	E MARLBORO
léa l	YES NOOR UNKNOWN) (IF YES, GIVE W	215 305	52317 days 2	11701 VANE	BRADY RD. 2079
¥.	18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), an	dicin		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED I		€.		30 au.
		DUE TO OR AS A CONSEQUE	NCE OF		
ž ,	Conditions, if any, which	( (b) INTEXVE	WILICUR CONDE	exerial defect	6 les
	gove rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQUE	NCE OF	1 1 7 7 7 7	
	underlying couse lost	DUE TO, OR AS A CONSEQUI	Hoim iscort	A /IN FREETIN	
	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	IN PART 1:0
o N					
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
1 =				YES NO YES	
5 107	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2]
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
AEDI	21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CHYORIOWN	COUNTY STATE
	AT WORK NOT WHILE AT WORK				011
(3)	22a I certify that (I) (this hospital	12/21	72/20 19 00	, 10, 19.	, that (I) (we) last
	saw the deceased alive on above, (1) (we) (did) (did not)		, and that in (my) (our) apinion	death accurred on the date and hour or	nd Irom the couses stated
81 3	226 SIGNATURE	1 1/10	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
99	15 1. Culo	n Hall	PHYSICIAN [		10/21
	224. PHYSICIAN'S NAME (TYPE OR P	PRINT)	22e_ADDRESS	CC VENE 117	enter
	B.F. H	ne	10 TIGHT	3, 5, sec 10 page	, CE
730.	BURIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CREMATORT	23d. LOCATION CITYORTOWN	OUNTY STATE
	DURIAL	12-27-84 G	ARDENS OF FAITH	BALTO. MO	
83	UNERAL DIR CTOR	ADDRESS		TE REC'D. BY REGISTRARITY DEG STA	SIGNATURE DE
	tartle bulle	1291 Aporto	d Rd. DE	C 2 7 1984 June 1840	democratical and the second

20 18 12 W 101 TE 01. LEGICAL LUCIA MOUL LUCIA SERVICE all some mint of the party party

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH TYPE OR PRINTI 12 Ricardo Tovar 5. DATE OF BIRTH 6 AGE (INYEARS LAST BIRTHDAY) 4 RACE 3. SEX 20 Male Spanish 03 98 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY USA Mexico Baltimore City WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) hactory worker Baltimore Mt. Vernon Care Center, Inc. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY AA 13c. CITY OR TOWN 130 STATE 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 230 Federalsburg Laux Laurel Md 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Eloisa Rodolfo Tovar Quesada ADDRESS 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYPS NO OR UNKNOWN I HE YES GIVE WAR OR DATEST 459-18-1852 Mt. Vernon Care Conter, Inc. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and to PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE to Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO Нув 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY ā AT HOME STREET, FACTORY, OFFICE FARM ETC ] NOT WHILE 12/31 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN should be detained with the State FUNERAL MPORTANT: 22e ADDRESS 22d. PHYSICIAM'S NAME (TYPE OR PE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 1SPE Burial Dec. 14,1984 Ivy Hill Cemetery aurel

FOR

24 FUNERAL DIRECTOR

Donaldson Funeral Home, Laurel, Md

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

26 HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DE

NO [

STATE

YES [

COUNTY

22c. DATE SIGNED

84

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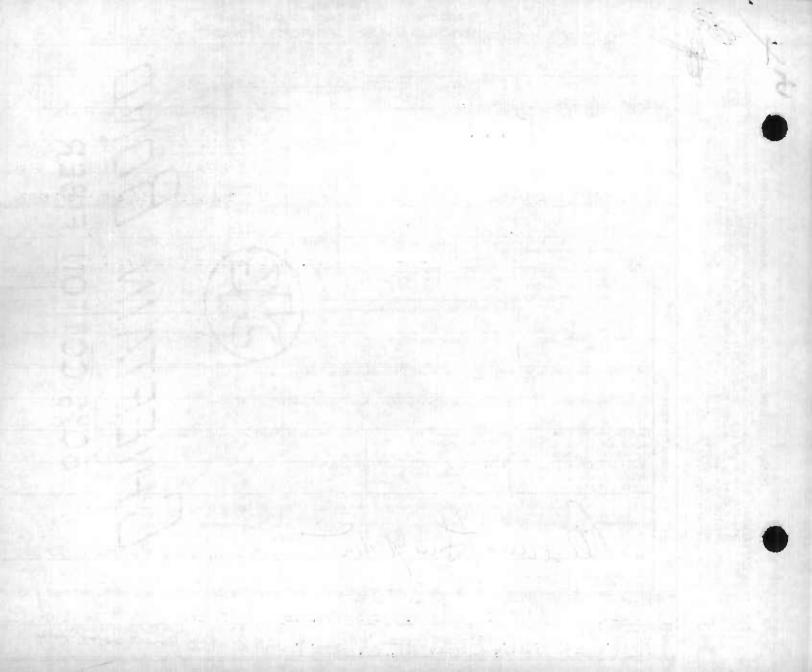
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IF UNDER 24 HRS

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1 8 884 June 19 19 1	Jau			

4/485 F#602



REG. NO I. DECEASED NAME 20 DATE OF DEATH ROBERT (TYPE OR PRINT) 4. RACE 5. DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH 95 AR Male Black 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN RTHI MARRIED NEVER MARRIED USA Baltimore City DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 13b COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 113d INSIDE CITY LIMITS? A207 Park Heights Ave. Mel. RALTIMORET 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Rosetta Gordon 4207 Park Heights Ave, N/A Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF THE WAY ON FA Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDIC AL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deseased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and Irom the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE MEDICAL FUNERAL PHYSICIAN 22d PHYSICIAN'S NAME CTYPE OF 22e ADDRESS ORT 中中 0 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL CITY OR TOWN Burial 12/31/84 Md. Veteran Cem. Crownsville

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm. C. March F/H

- STATE

REGISTRAR

1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BY REGISTRAR 256 REGISTRAR'S SIGNATURE dulia Dardson Randall

YES [

COUNTY

22c. DATE SIGNED

2b HOUR

12b. KIND OF BUSINESS OR

21215

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

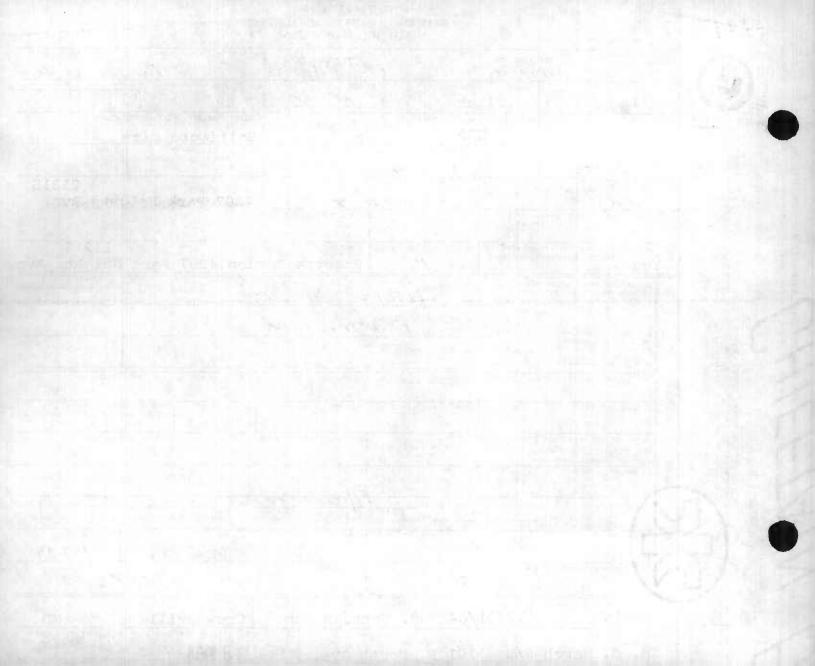
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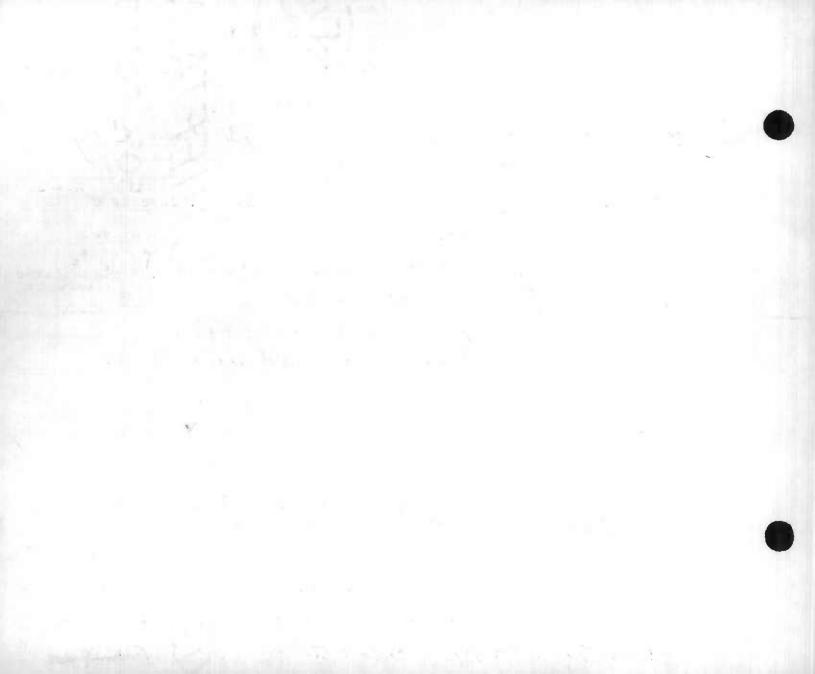
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(VRA 15, 4)

STATE OF MARYLAND



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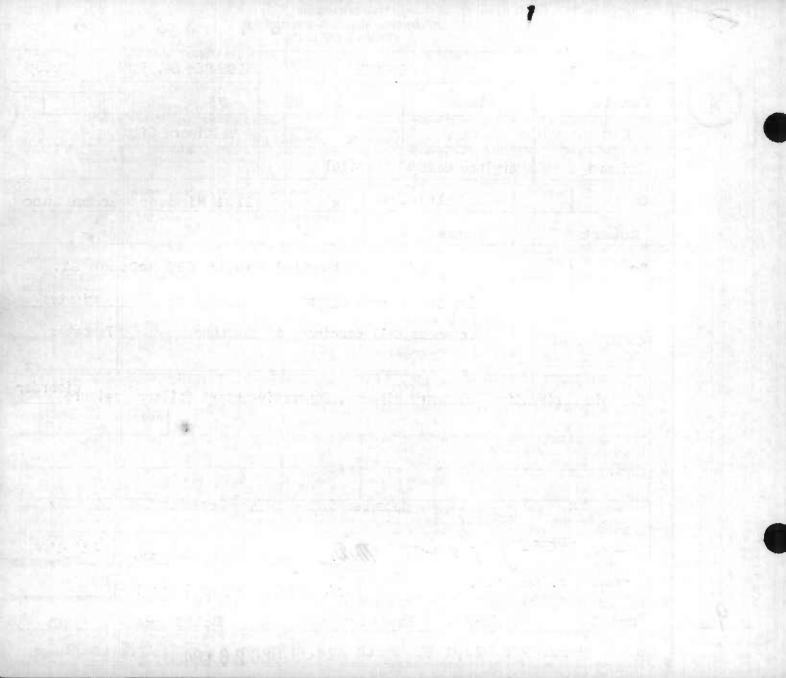
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				4	ICATE OF DEATH	RE	G. NO.		
	1. DECEASED NAME FIRST (TYPE OR PRINT) EVA			B.	TUCKE	AST D	DECEMBER		DAY YEAR	26 HOUR 9:55p
2.65				٥.			6. AGE (IN YEARS LA		# UNDER I YEAR	JE UNDER 24 HR
3. SEX	Female		RACE Bla	ack	5. DATE C		75	YRS.	MONTHS DAYS	HOURS MI
70. BIF	COUNTRYL		ISA		D NEVER MARRIED DIVORCED	- 1 67 11	ty <u>or</u> count	TY OF DEATH	7.11	
10. CI	10. CITY OR TOWN OF DEATH						120 USUAL OCCU			OF BUSINESS (
130 S	USUAL RESIDENCE (# NURSING HOME OR C 130 STATE MD		THER INSTITUTION	VITITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 INSIDE CITY LIMI		13d INSIDE CITY LIMITS?	13e STREET ADDR 2121 Wi	Garde	212 n Lane	
14 FA	Robert	w	J.	ames		15. MOTHER'S MAIDEN N			LA	
(Y	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES!		SECUBITY NO.	Nathaniel		556 Mc		
	18 CAUSE OF DEAT	H (Enter only	ane cause per	line far (a), (b	o, and (c).)					ONSET AND DEAT
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Caro				oulmonar				minutes	
	Conditions, if any, gave rise to imm cause (0), statin underlying cause	mediate ng the e last	DUE TO, OI	R AS A CONSE	EOUENCE OF	Carcinoma of				nths
ATION	gave rise to immocause (o), statum underlying cause  PART 2 OTHER SIGN  Chronic	mediate ng the e last  NIFICANT CO	DUE TO, OF	R AS A CONSE	EQUENCE OF	NOT RELATED TO THE TE	rminal disease or dive heart	rallure	GIVEN IN PART II	disorde
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CAL CERTIFICATION	gave rise to immocause (o), statum underlying cause  PART 2 OTHER SIGN  Chronic	mediate ng the e last  NIFICANT CO  STON  DERLYING CAUSE OF DEATH	DUE TO, OI  (c)  DINDITIONS CC  CTIVE F  196 CONDI  216. TIME O	R AS A CONSE  UIMONA  ITION FOR WE  FINJURY  M. MONTH	EQUENCE OF	NOT RELATED TO THE TE SEC. CONGEST N WAS PERFORMED  21c HOW INJURY OCCU	RMINAL DISEASE OR O	20b. IF Y	SIVEN IN PART II	disorde re NGS USED 5 OF DEATH?
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coi should be detached for use as the burnal-transit permit. Then please remove corbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 more than retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campitator that in by the funeral arrector, page should be detached for use as the buriol-transit permit. Then please remove carbon popert. Page: I and 2 hours defined within 72 hours after desith.	
ERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely illed in by the funeral director, pagests edetached for use as the burial-transit permit. Then please remove carban popers. Pages I and 2 should be tiled within 72 hours after desith	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fage retained by the haspital or attending physician.
	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campinary filled in by the funeral directs should be detacked for use as the buriel fronsit permit. Then please remove corban paper. Pages: I and 2 should be filled within 72 hours a should be detacked for use as the buriel fronsit permit. Then please remove corban paper. Pages: I and 2 should be filled within 72 hours as

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE

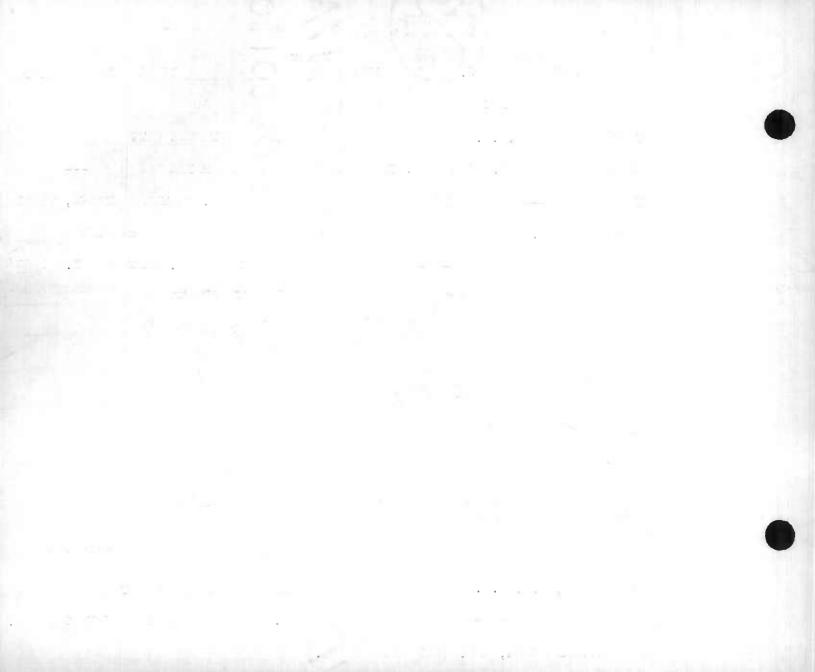
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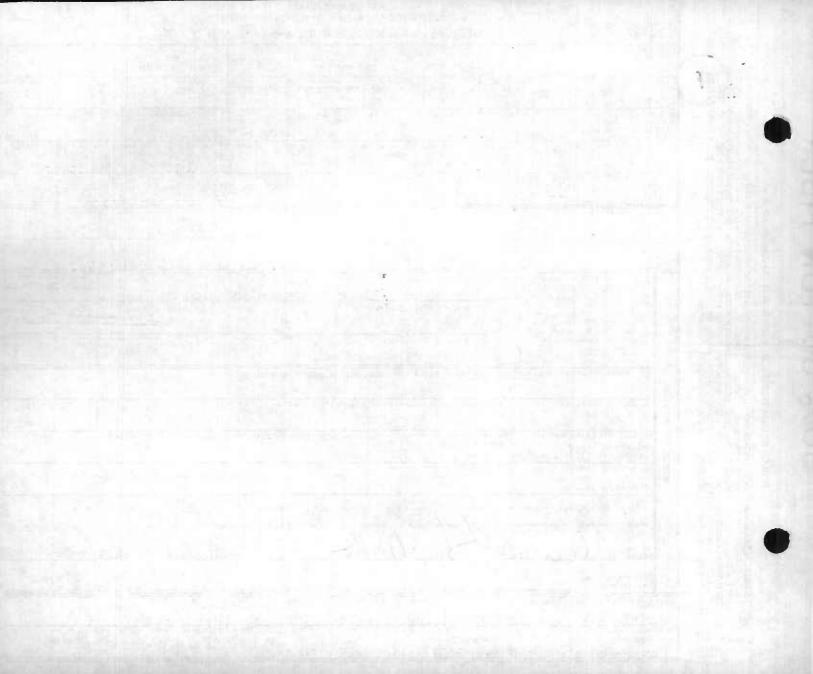
1,	- STATE REGISTRAR			CERTIF	FICATE OF DEATH	REG. NO	).				
	PECEASED NAME FIRST	loan	JoAnn		Tyler	20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR		
	JOAN		J.	I	YLER		12 1	3 84	12:45PM		
3. S	EX	4. RACE		5. DATE		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
	FEMALE WHITI		E 01			50	YRS.	MONTHS DAYS	HOURS MIN.		
70.	IRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF		OF WHAT COUNTRY? 8.		D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C		OF DEATH	OF DEATH		
1	WEST VIRGINIA	U.S.A	U.S.A. WIDON			BALTIMORE CITY M					
	10 CITY OR TOWN OF DEATH  BALTIMORE  11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A ST. AGNES HOS.)			OR OTHER INSTITUTION	126 USUAL OCCUPATION 126 KIND OF BUSINE			F BUSINESS OR			
			PITAI		HOMEMAKE	INDUSTRI					
	UAL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	719 COD				
	MARYLAND -		BALTIMOR		YES TO NO	533 S. BE	NTALO	U STREE	T, 21223		
14.	FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM						
		7 .	HIGGS		ELSIE	MIDDLE		HARDING			
	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS				
	NO OR UNKNOWN) (IF YES, GP	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		214-34-9219 MARSHA SHELBURI			URNE 533 S. BENTALOU ST. 21223				
F	18 CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b), and	101.10	- 0	1		APPROX	MATE INTERVAL		
	PART I. DEATH WAS CAUSE	EÓ BY:	Roskes	nto	my failure i	ville Preus	reme	e	ZIVSET HITO DE HIT		
	IMMEDIA	TE CAUSE (o)	100/00/	7-0-0	10		1				
	DUE TO, OR AS A CONSEQUENCE OF O A COMMING OF										
	Conditions, if ony, which gove rise to immediate (b) Well award (Val Cell Autorities)										
1	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
	underlying cause last.										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
Z			Enjy	Ry Se	ins						
CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH			O ERATION WAS PERFORMED 200 AUTOPSY? 20			20b. IF YE	IF YES, WERE FINDINGS USED			
F						YES NO YES NO NO			OF DEATH?		
1 %	210. ACCIDENT WAS UNDERLYING	216. TIME C			21c. HOW INJURY OCCURR				- 0		
			_								
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		M. OF INJURY	19	211 LOCATION						
	ALIE NOI WHILE		REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OF TO	WN	COUNTY	STATE		
	AT WORK			10	10	13/5	112	1			
	220.1 certify that (I) (this hasp saw the deceased alive or	1719	deceased from_	1 -1	nd that in (mu) (our) againing a	to to the de	1000		that (I) (we) last		
	above, (I) (we) (did) (did not) view the body after death.						ire and not				
100	226. SIGNAPORO				DEGREE ATTENDING	NDING MEDICAL STAFF					
	V. V		noutien to					12/14/84			
	Koule	V A	0		PHYSICIAN S	DIRECTOR   PHYSIC		12/1			
1	Roule 1224 PHYSICIAN SNAME (14PE	OR PRINT)			220 ADDRESS	DIRECTOR   PHYSIC		12/1			
	ROUBEN JI	E Property					IAN				
230		IJI, M.D		IAME OF (	22e ADDRESS	OF MARYLAND	IAN	TTAL.	4/84		
	ROUBEN JI	IJI, M.D	23c. N		220 ADDRESS UNIVERSITY	OF MARYLAND	HOSP		4/84 STATE		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.





BLVD

JOHNSON8521

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RAVEN

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

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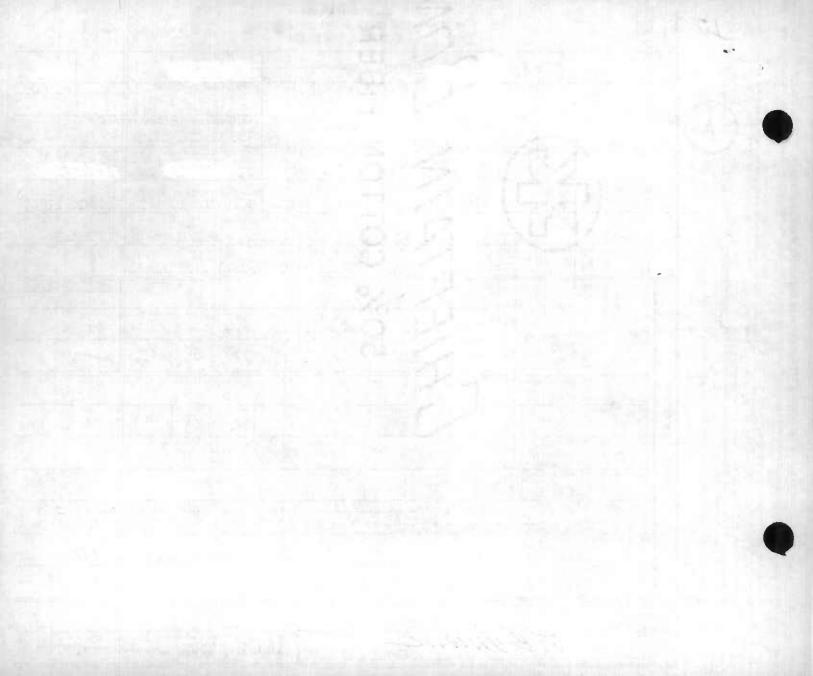
FOR STATE

## STATE OF MARYLAND

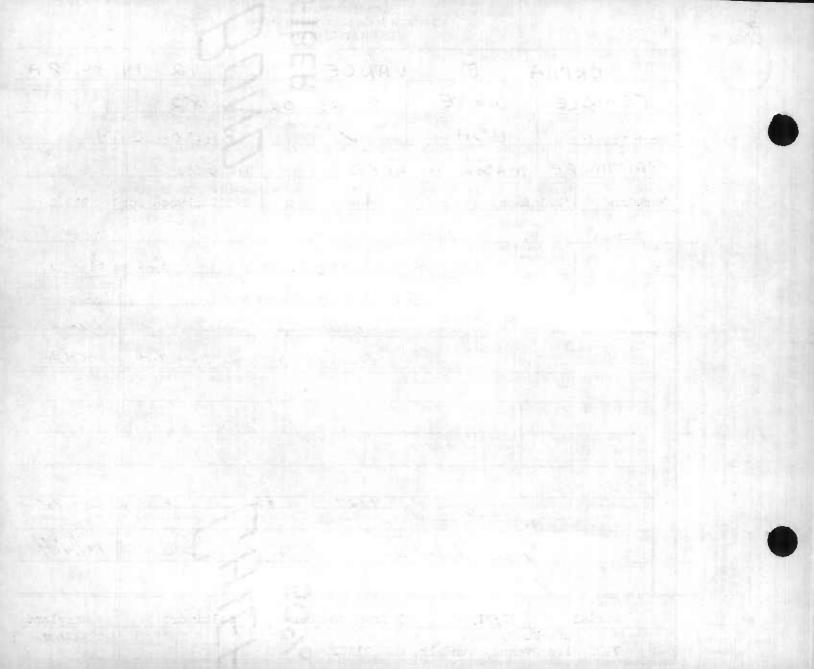
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ы		REGISTRAR							REG. NO.			
		CEASED NAME FIRST	MORTON	FERDIN		VANC	F	20 DATE OF D		DAY YEAR	2b. HOUR	
	1 000		4 RACE	LEKDIN				DEC .	19, 1984	IF UNDER 1 YEAR	2:28	
Ñ	3.5EX	male			5. DATE C	DAY	YEAR	B AGE / (IN YEAR		MONTHS DATE	HOURS	MIN.
	1	MALE TATE OF FOREIGN	WHITE	WHAT COUNTRY?	APR	IL 15	1920	0 RAITIMORE	64 YRS			
И	5	COUNTRY	1//	1		NEVER			MORE CIT			
	-	ARYLAND	11. NAME OF I	O.S.A.	G HOME C	- Comment	NORCED [	12a USUAL OC	CUPATION	12h KIND	OF BUSINES	MD.
	127	ALTIMORE	(IF NOT IN SUC	H FACILITY, ONE STREET	ODRESS)	HADA	tal	(TYPE OF WORK S	IG CORD (F	( INDUSTR'		
1	0507	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1114	404				IV COIL	
9	MM142	MD A.A		GLEN BUR		YES T	NO X		ONGBRANC		CE 210	061
Ą.	_	THER'S NAME	1 7	1	12.23		S MAIDEN NAM	ΛE			7.5	
4	/	JERRY M	ORTON	VANCE		G	ERTRUDE		LICE	BERN	HARD	
		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORM.	ANT		ADDRESS			2.11
2	(	NO N/A		219.01.3	443	GRACE	VANCE	(WIFE)	SAME AS	13		
3		18 CAUSE OF DEATH (Enter or		line for pal, (b), and	die	O ,	b			APPRO BETWEE	XIMATE INTERV	DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	arai	DSIM	LC She	xx					
1			DUE TO, O	R AS A CONSEQUE	NCE OF	. 1	1	/				
1		Conditions, if ony, which gave rise to immediate	( b)_	ny	and	al pu	mp 40	ulue				
		cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NGE OF	0			Vication	7		
			(c)	AMOUR	ure,	IN	mara	eac un	2 avicus			
Н	z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATE	TO THE TERM!	INAL DISEASE (	DR CONDITION (	GIVEN IN PART 1	10	
Ť	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	ORMED	200 AUTOP		YES, WERE FIND		
	TIFIC							YES !	NO IN CER	TIFYING CAUSE	S OF DEATH	
N	CER	210. ACCIDENT WAS UNDERLYING				21c HOW II	JURY OCCURR	- /4	RE OF INJURY IN ITEM 1			
		OR CONTRIBUTING CAUSE OF DE	A1117	M. MONTH DA	YEAR	31						
SU.	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATI	ON		CITY OR TOWN	COUNTY	6.7	TATE
	×	AT WORK NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE F	ARM ETC	SINEE			4	000111	31	A I E
	18	22n I certify that (I) (this hosp	ital) attended th			12/18	19 84	to	11/19	19 87	thoto (w	re) last
5		taw the deceased alive or	ot view the body	ofter death.	07 . or	nd that in my	(our) apinian d	death occurred	on the date and h	iavi and from th	e causes stat	ted
		77h SIGNATURE	+ 11			DEGREE				22c DAT	ESIGNED	
9		John V.	varille	mo			ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN	12/	19	
		22d. PHYSICIAN & NAME (TYPE	1/ITAR	Ello 1	200	22e ADDRE	SS			/		
		BURIAL, CREMATION, REMOVAL	0/11	- // 0	IAME OF C	EMETERY OR	CREMATORY	23d LOCATI				
	(	SPECIFY) BURIAL	DEC. 22					BALTI		COUNTY	51. <b>M</b>	D
	-	UNERAL DIRECTOR	LB 1/1	none					SISTRARIOSE REG	ISTRAR'S SIGNA	TURE	
-	100	SINGLETON FUNI	ERAL HOM	E GLEN E	URNIE	MD 21	061 DE	0241	104 Juna	Laurdson-	Maskanon	,

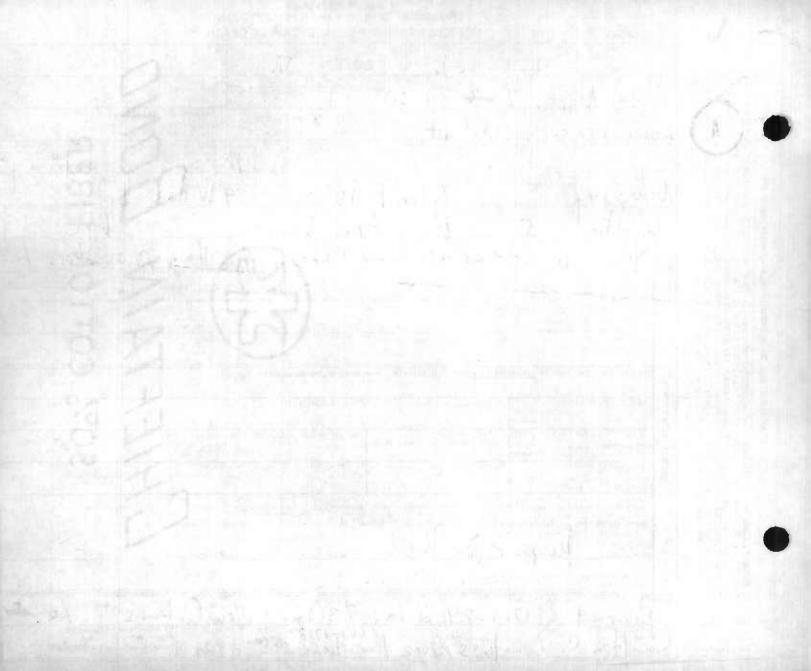
DHMH - 16-60W 7/84 (VRA 15, 4)

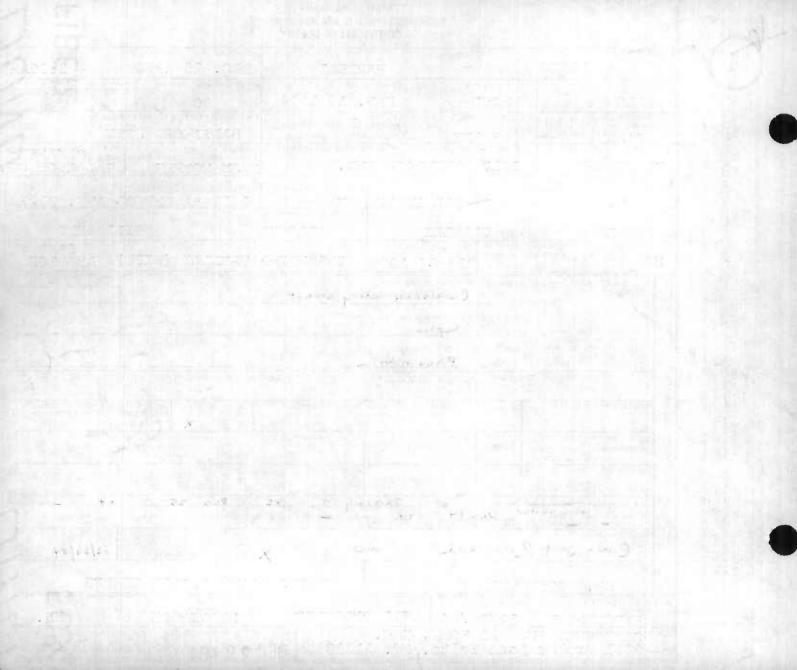


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7	1-	FOR STATE	DE	PARTMENT OF H	EALTH AND MENTARHYG	iene 3 3	3 2 2
		REGISTRAR				REG. NO.	
D		EASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH MON	
Dest	1	ORPHA	J.	VAN	JCE	12	14 84 8 A
e e	3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	
as off		FEMALE	WHITE	WONTH WONTH	23 VEAR O2	82	YRS DAYS HOURS ME
Pod s			TE CITIZEN OF WHAT COU	INTRY? 8.		9 BALTIMORE CITY OR C	OUNTY OF DEATH
nerol n 72		ountry) est Virginia	USA	WIDOWE	D NEVER MARRIED DIVORCED	BALTO.	CITY
a with the first of the first o	10. CT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS
by the filled with	3	BALTIMORE	MASON 1	F. LOR	D	Housewife	PRKING LIFE) INDUSTRY
5 E e		L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE	CE BEFORE ADMISSION)	A 124 IS IS IS IS CITY I WANTED	13e.STREET ADDRESS / ZI	D CODE
filled filled fould b				ndalk	YES NO 🔀	219 Parkwoo	
> 2 0 0 m		THER'S NAME	inore   Dun	Idalk	IS MOTHER'S MAIDEN NA		d Noad 21222
Carlo de le			AIDDLE LA	AS1	FIRST	MIDDLE	LAST
omple de la	B			nston	Rose		Vance
dicol dicol		'AS DECEASED EVER IN U.S. AR/	MED FORCES? 16b. SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS	
Poges medico	No			05-0456D	Betty V. Ba	ker s	ame as Line 13.
the the		18 CAUSE OF DEATH (Enter onl					APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
hysid bopp ovol		PART I. DEATH WAS CAUSE	BY:	(b), ond ici.i	tu o.		1
eve eve		IMMEDIAT	E CAUSE (o)	asper	arm mu	menso	24hRS
din orb			DUE TO, OR AS A CON	NSEQUENCE OF	,		
con, con,		Conditions, if ony, which	( 1b)		Dementro		Gears
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y th crer crer sher		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	NSEQUENCE OF	one brance	calar our	led near
that dese iel, cr or oth			(c)				
igne en p	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITI	ON GIVEN IN PART 110
The Tro	0						
been mit.	S	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
5000 5	Ĕ					YES T NOT	YES \ NO \
9 4 4 4 4							
40 4 40 0	ERI	71a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	N-O-V-B-Y	121¢ HOW INJURY OCCURE		
ysicion the cote has consit physicion has had been had be	L CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT	TH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
ysicion the cote has consit physicion has had been had be		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT	TH DAY YEAR			
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on attending physicians the hospital or attending physician DIRECTOR. After this certificate his certificate to to use as the buriol-transity Dept. of Health and Mental Hygier If Item 21 is marked or Item 18 show.		OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED  WHIE AT WORK AT WORK  22e. Certify thought (b) (this hospit sow the deceased olive on obove, (1) (we) (did) (did no obove)	HOUR A.M. MONI P.M.  Zie. PLACE OF INJURY (AT HOME, STREET, FACTORY,  rol) ottended the deceased	OFFICE, FARM, ETC.)	211. LOCATION STREET  19  19  10  DEGREE  ATTENDING	CITY OR TOWN  3., to /2 death occurred on the date of	COUNTY STATE  COUNTY STATE  and hour and from the couses stated  22c. DATE SIGNED
or attending physicians the hospital or otherding physician. DIRECTOR: After this certificate hisoched for use as the buriol-transity. Dept. of Health and Mental Hygier If Item 21 is marked or Item 18 show.		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHITE NOTIFY MEDICAL EXAMINER 21 WORK NOT WHITE ALWORK  220.1 certify that (f) (this hospit sow the deceased alive on above, (1) (we) (did) (did no) 22b. SIGNATURE	HOUR A.M. MONI P.M.  Zie. PLACE OF INJURY (AT HOME, STREET, FACTORY,  rol) ottended the deceased	OFFICE, FARM, ETC.)	211. LOCATION STREET  27 , 19 for the first our pinion of the physician phys	CITY OR TOWN  3, to 12  death occurred on the date of	COUNTY STATE  COUNTY STATE  and hour and from the couses stated  22c. DATE SIGNED
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HOSPITAL OR ATTENDING PHYSICIAN: The sined by the hospital or offending physician FUNRRAL DIRECTOR. After this certificate hould be detached for use as the burial-transit in the State Dept. of Health and Mental Hygier PORTANT: If them 21 is marked or them 18 should be supported by the state of the state of them 18 should be supported by the sup	WEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHITE NOTIFY MEDICAL EXAMINER 22d 1 certify that fill (this haspit sow the deceased alive on above, (1) (we) (did) (did no) 27b. SIGNATURE  22d PHYSICIAN'S NAME (TYPE)  URIAL, CREMATION, REMOVAL	HOUR A.M. MONI P.M.  Zie. PLACE OF INJURY (AT HOME, STREET, FACTORY,  rol) ottended the deceased	OFFICE, FARM, ETC.)  from 9  19  20  19  20  19  20  19  20  19  20  20  20  20  20  20  20  20  20  2	211. LOCATION STREET  27 , 19 for the first our pinion of the physician phys	CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  STAFF  DIRECTOR PHYSICIAN	COUNTY STATE  COUNTY STATE  And hour and from the couses stated  22c. DATE STATE
or attending physicians the hospital or otherding physician. DIRECTOR: After this certificate hisoched for use as the buriol-transity. Dept. of Health and Mental Hygier If Item 21 is marked or Item 18 show.	WEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED  WHITE NOTIFY MEDICAL EXAMINER AT WORK AT WORK 22e-1 certify that (1) (this haspit sow the deceased alive on, above, (1) (we) (did) (did no) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (17PE)	HOUR A.M. MONT P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, 101) ottended the deceased	OFFICE, FARM, ETC.)  from 9 19 19 236, NAME OF C	211. LOCATION STREET  19  Add that in (Market) Dispinion of the physician Physician (Physician Physician Physician (Physician Physician Physi	CITY OR TOWN  CITY OR TOWN  3, to	COUNTY STATE  COUNTY STATE  That prove is and hour and from the couses stated  22c. DATE SIGNED



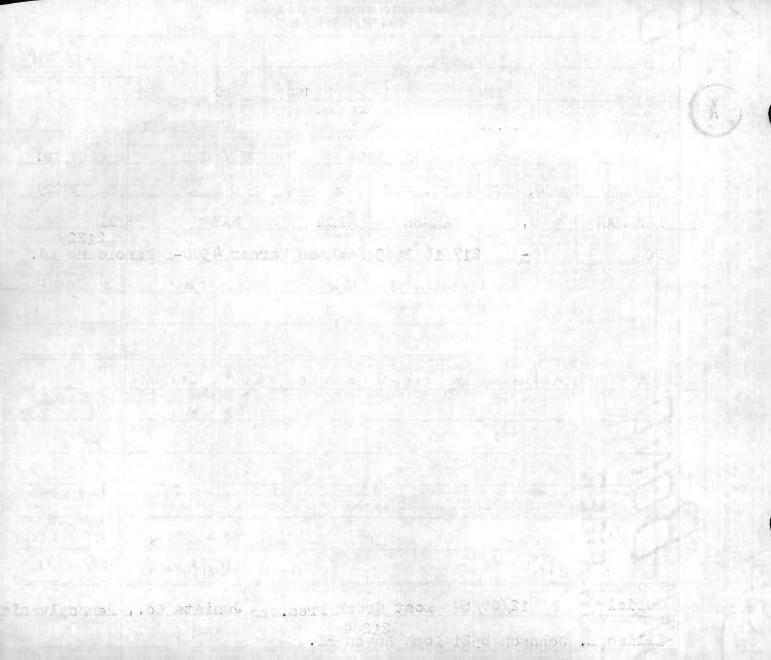
STATE OF MARYLAND #FORFilmG599 1/30/85 kam DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH DAY 2b. HOUR (TYPE OR PRINT) DEATH MATED 12-4-84 WILLIE VANCE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 12-4-84 :45A DEAD 7g. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City oui siane WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORX 126 KIND OF BUSINESS OR INDUSTRY HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ,Tano Baltimore St. Agnes Hospital HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13H COUNTY 13d. INSIDE CITY LIMITS? MIDDLE erna **ADDRESS** -6858 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. THE PLACE OF INJURY INTHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY Inspection X 22a I certify that I toak charge of the remains described above, held an Autapsy ond in my opinion deoth resulted from: Natural couses Y Hamicide Accident . Undetermined manner TITLE (SPECIFY) DATE 2-4-84 Assistant SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) BURDAL, CREMATION, REMOVAL 236 DATE 23 NAME OF CEMETERY OR CREMATORY STATE **DHMH - 17** (VR A15 ME (5))



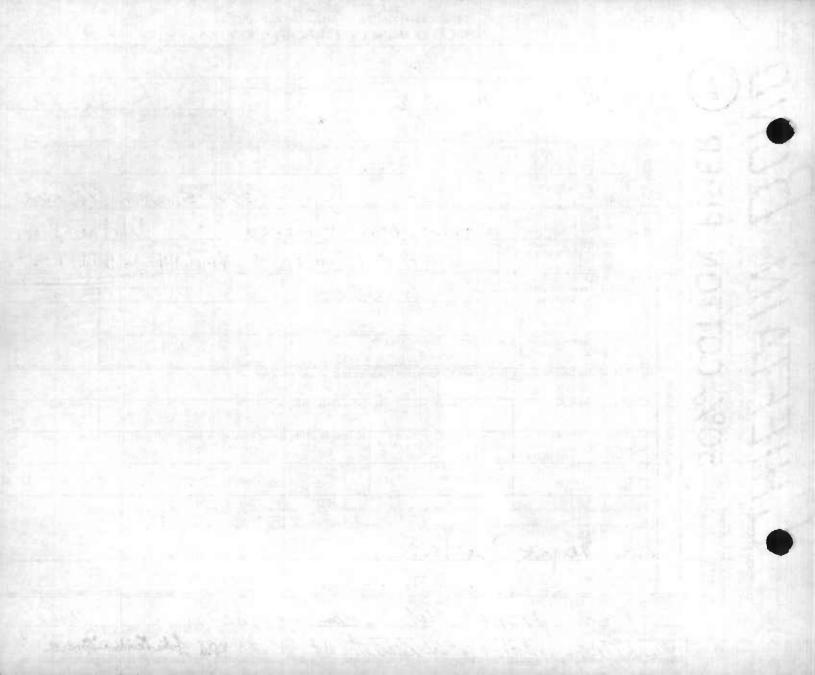


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE



1	₩.		OR		OF MARYLAND	VCIENE	
4	S	1-	TATE EGISTRAR	MEDICAL EXAMINE	6.79	FIDEATH 3 3	2 6
			EASED NAME FIRST	MIDDLE	LAST	20 DATE KNOWN 57 MO	NIH DAY YEAR 26 HOUR
	20 8 E	(14)	GREGORY	Α.	VAUGHN	OF ESTI- NATED 12	-28-84° M
	海道電点 )	3. SE	1 A RACE S. DATE OF	BIRTH DAY YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	24 HRS. 2c. DATE MUN MIN PRONOUNCED	TH DAY YEAR 2d HOUR
	A S S S S S S S S S S S S S S S S S S S	1	all Black 1-c	24-1948 36 YRS.		DEAD 12	
0	AY IS NECESSAR THE FUNERAL PAGE 5 FOR FILED, WITHII	/a B	THPLACE (STATE OR TO COUNTRY)	+ 11 ct-11	MARRIED NEVER MARRIE	- Dallingono Cit	
	HE FIST HE FIS	10 C	Y OR TOWN OF DEATH	OF HOSPITAL, NURSING HOME, O	OR OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WO	ORK 126 KIND OF BUSINESS OR INDUSTRY
	DELAY N PAGE FIL	11611	Baltimore 2208				
21201	ATH. IF ANY DELAY IS N. S. 1, 2, AND 3 TO THE FU. PM. 3. RETAIN PAGE 5. ND 2 SHOULD BE FILED, VITAL RECORDS, 201 W.	13a S	RESIDENCE (IF IN NURSING HOME OR OTHER INSTITU ATE 136 COUNTY	JTION, GIVE RESIDENCE BEFORE ADMISSION		13. STREET ADDRESS	1 Wirone
MD.	AL AL	14. F	THER'S NAME FIRST MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LA & & LAST
	PAGES 1, ORM PM S 1 AND ON OCKE	5	ithn L	Witherspoor		d W	itherspion
. BALTIMORE,	N S S S S S S S S S S S S S S S S S S S		AS DECEASED EVER IN U.S. ARMED FORCES 5, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	218-48-133	17. INFORMANT	(1) VALGHA 10	03 W. 515T St.
	124 HOURS AFI TEM 18. GIVE ALONG WITH F T PERMIT. PAGE YGIENE, DIVISIC DOVAL.		18. CAUSE OF DEATH (Enter only one cause	per line far (a), (b), and (c).)		OC. TIM STIM TO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	24 HC ITEM LONG PERM GIENE		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	Smoke and soot	inhalation		
RESTO	HIN 2 ER ALL NSIT I	1	Conditions, if any, which	TO, OR AS A CONSEQUENCE OF			
	ED WITHIN PENCIL IN AMINER A L- TRANSIT NENTAL HY OR REMC		gave rise to immediate (b) cause (a) stating the under-	TO, OR AS A CONSEQUENCE OF			
201 W.	EXAM EXAM EXAM EXAM EXAM ON, O		lying cause last.	, , , , , , , , , , , , , , , , , , , ,			
RECORDS,	O BE EXECUTED WITHIN 24 H ENDING" IN PENCIL IN ITEM MEDICAL EXAMINER ALON MEDICAL EXAMINER ALON MEDICAL EXAMINER ALON MEDICAL EXAMINER MEDICAL EVGIEN CREMATION, OR REMOVAL		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN IN PAR	T1 o	
ECO	PENDING MEDICAL MEDICAL D AS A BU MEALTH AN MEALTH AN	NO.					
ALR	SHOULD VORD "PER CHIEF N BE USED N NT OF HEA BURIAL, O	PICA1	19a. DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERAT	ION WAS PERFORMED?		2D AUTOPSY?
FVI	WORD WORD HE CHIE ENTOF		210. EXTERNAL CAUSE WAS 216. T	IME OF INJURY	21r HOW IN HIRY OCCUPRED	) LENTER NATURE OF INJURY IN ITEM 18 PART 1	YES NOXX
DIVISION OF VITAL	CERTIFICATE WED TO THE SED TO THE SED TO THE DEPARTMENT OF PRIOR TO FOLLOWING	MEDICAL CERTIFICATION	UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 5:	25AM 12-28-84	caught in h	ousefire	on roat 47
VISIO	TING TH TING TH SED TO 3 SHOU DEPARTI	ED	214 INJURY OCCURRED 21e F	PLACE OF INJURY (ATHOME.	211 LOCATION	- L CEV ORTOWNED D 31	Source Manage Press of
۵	WARDEI WARDEI PAGE 3 21201 F	2		ome	2208 Round	Road Apt. 1B Balt	imore, Mary Panu
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORR PAGE 4 SHOULD BE FORWARDED TO THE CH FOR FUNERAL DIRECTOR: PAGE 3 SHOULD BE UAFTER DEATH. WITH THE STATE DEPARTMENT O BALTIMORE, MARYLAND, 21201 PRIOR TO BUR		22a. I certify that I took charge of the remo	¬ →	Autapsy . Inspection	X. Inquiry . ond in m	ly apinian
	AMIN STIFIC BE BE TITH T		death resulted fram: Natural causes	, Accident X, Suicid		Undetermined manner,	
	MA WA	06	ACTUAL KOULD TE	me youll.	M.D. Assistant	MEDICAL EXAMINER SI	ATE 12-28-84
	NEW HELL			77 11 5			GNED
	A FTER ALTIN		(TYPE OR PRINT)Margar I La	A. Korell, M.D	ADDRESSP	enn Street	
		23a.8	RIAL, CREMATION, REMOVAL 236. DATE ECIFY)	23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION	COUNTY M J'ATE
07/84 25M	DI	24 F	NERAL DIRECTOR,	o l'amour	250. DATE R	EC'D. BY REGISTRAR 256 REGISTRAR	R'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))	8	our Thompson Fit,	1913W. Bally	mae It DEC:	3 1 1984 Julia David	Ison-Adadese



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 3 3	2 7
		CEASED NAME OR PRINT)	LUCILLE	1	AUGHAN	20. DATE OF DEATH MONTH DAY	9-84 2b. HOUR. 5
		female.	A RACE	S. DATE O	- 15-1915	69 YRS.	NIHS DAYS HOURS MIN
5	8	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED WIDOWE	D NEVER MARRIED DINORCED	BALTIMORE CITY OR COUNTY O	F DEATH MD.
1	10. CI	BALTO	11. NAME OF HOSPITAL, NURSIN LIF NOT IN SUCH FACILITY GIVE STREET A FRANCIS SCOTT	DDRESS)	HOSP.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
5	13a S	MD, 136. COUN	TY 136 CITY OR TOWN		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 4108 COLEMAN	AVE . 21213
0	14 FA	HARRY W.	WINKLER SK			TTIE VI BARKI	EQ LAST
		VAS DECEASED EVER IN U.S. ARA YES, NO PRINKHOWN) (IF YES, GIVE	WAR OR DATES	396	M. Wm. O. Wil	lans - 8455 for	Climente Nay
		PART I. DEATH WAS CAUSED	y one couse per line for (a), (be and ) BY: E CAUSE (a)	diop	Imonty 1	Arrest	APPROXIMATE INTERVAL  RETWEEN ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	7	Sittle mi	Rensl Fishing	2 days
	NO	underlying couse lost.  PART 2. OTHER SIGNIFICANT C	(c)	ble.	Mot related to the term	LINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
9	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH? NO
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA!  (IF EITHER, NOTIFY MEDICAL EXAMINER)		Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18, PART	( ) OR PART 2)
	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) (this hospit sow the deceased alive on above II) we lead (did not		, on	, 19, 19	, to, 19 death occurred on the date and hour a	, that (I) (we) lost and from the couses stated
		214 SIGNATURE	Adams	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/29/15 4
		JOR	HdAms		Francis Sc	Hhey Medica	l Conten
		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1-3-85 23c.N	DAK L	AWN CEM.	23d. LOCATION CHYOR TOWN MD	COUNTY STATE
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DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	YES, NO OR UNKNOWN)		VAR OR DATES)	216-10-	3451	Mr.	& Mrs. G	eorge				
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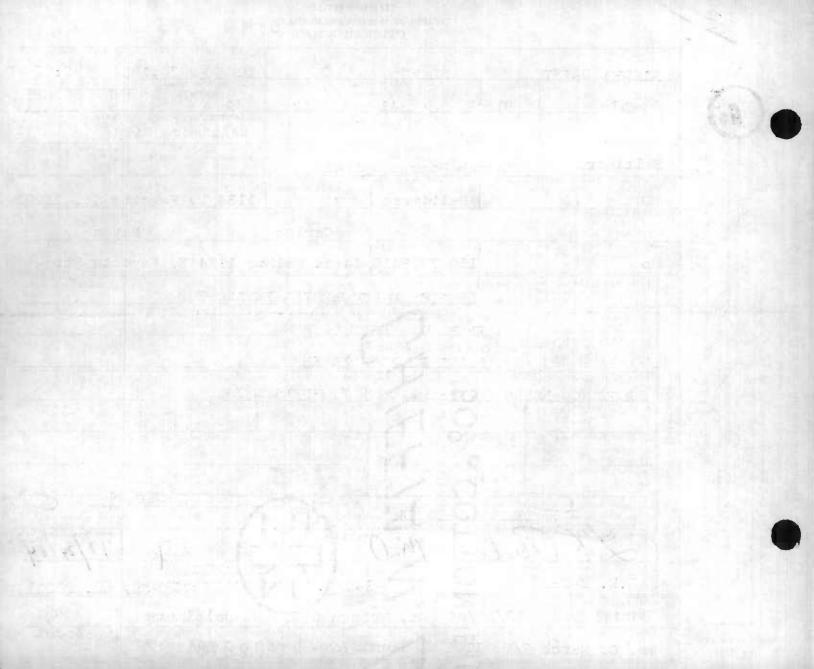
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TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, are IMPORTANT: If Hem 21 is marked or Item 18 Maws any injury, or other

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Andrew Comercia come, and analysis of the state of the st



requires that the death certificate be executed within 24 hours after death. Page 4 may be

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TO FUNERAL DIRECTOR: After

should be detached for use as the buriol-transit permit. Then please remove carbanoopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If Item 21 is morked comments

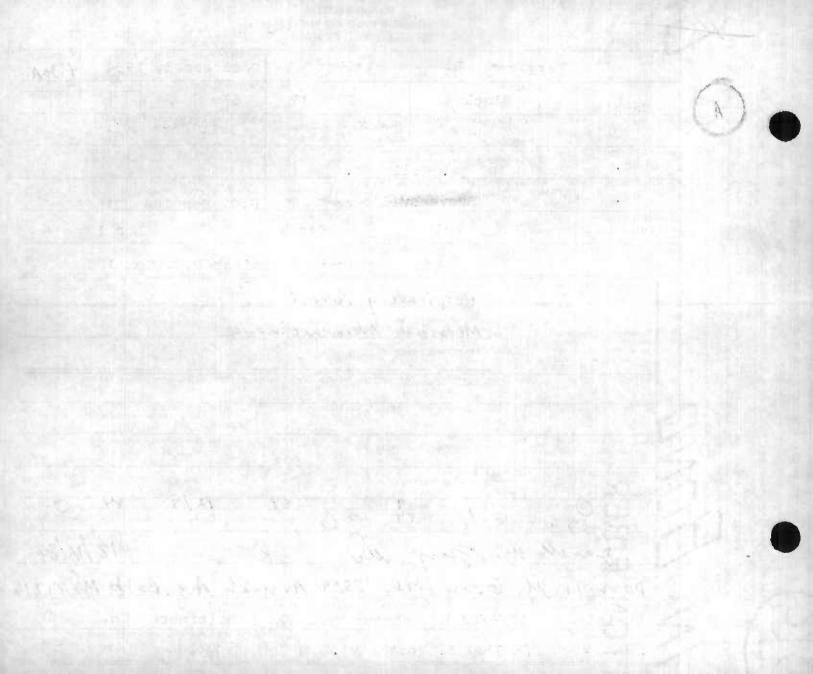
8728 Liberty Road Randallstown, Maryland 21133

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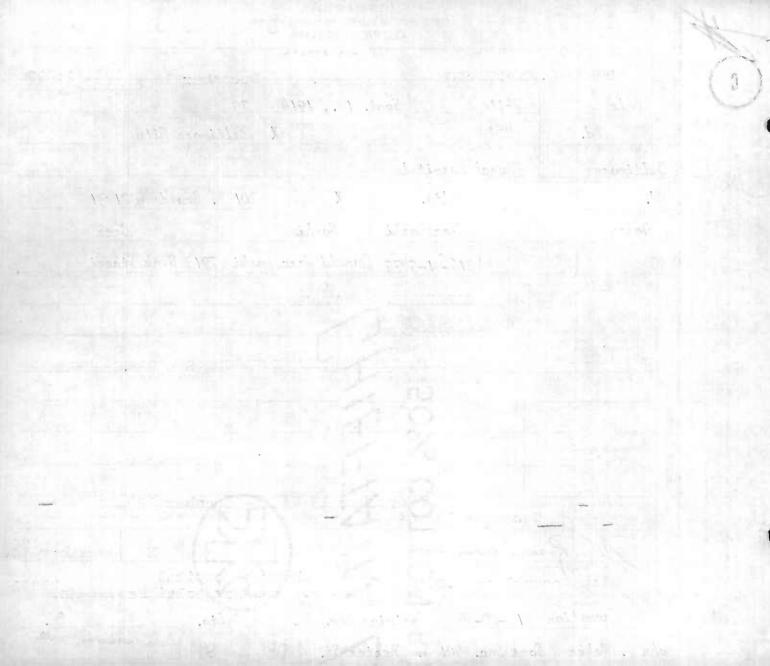
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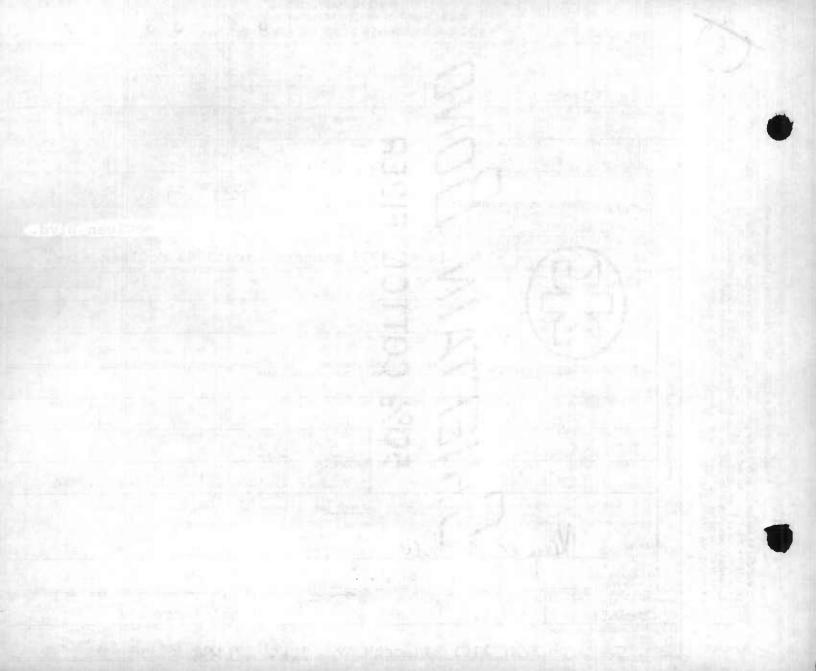
DEPARTMENT OF HEALTH AND MENTAL HEGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTI REGISTRAR I. DECEASED NAME KNOWNXX 20. DATE MONTH (TYPE OR PRINT) ESTI-MARCELLUS WARD DEATH MATED 12-3-8419 UNERAL DIRECTORS FOR YOUR FILE WITHIN 72 HOLD 3 SEX 4 RACE IF UNDER 1 YR. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED Black Male 48 24 36 12-3-84 19 6:15R DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD USA OURS AFTER DEATH. IF ANY DELAY IS NEC 1.18. GIVEPAGES 1, 2, AND 3 TO THE FUN 3. WILL FORM PM 3, RETAIN PAGE 5 FG WILL PAGES 1 AND 2 SHOULD BE FILED, WILL IE, DIVISION OF VITAL RECORDS, 201 W. P Baltimore City WIDOWED DIVORCED IO CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LITTE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 1829 Frederick Avenue 3rd. floor Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD Baltimore McClean Blvd. 21239 YES X NO T 7053 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Marcellus Clara Ward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR CLATES) 218-46-4976 Saundra Ward 7053 McClean Blvd. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMI) HEALTH AND MENTAL HYGIENE, IL CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXIX NO [ 210. EXTERNAL CAUSE WAS 210 PINE OF YMURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM T8 PART 1 OR PART 2) HOPMA.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 12-3-84 subject shot 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION 3rd floor AT WORK AT WORK 1829 Frederick Avenue Baltimore, Maryland PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PV AFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 Autopsy X 22e I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Hamicide X Accident Suicide Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 12-4-84 SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION MD Baltimore Cremation 12/7/84 Loudon Pk. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH - 17** Aulia Davidson-Randall (VR A15 ME (5)) Wm. C. March F/H 1101 E. North Ave.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED William 12 120 84 Stephen Ward 4. RACE A. AGE (IN YEARS IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 84 6:00 WHITE DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WASHINGETON WIDOWED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 120 USUAL OCCUPATION (TYPE OF WORK Baltimore University Hospita 13d INSIDE CITY LIMITS? 13e STREET ADDRESS SEVERNA PARK NO X 8. GIVE PAGES 1, 2, A WITH FORM PM 3. I 15 MOTHER'S MAIDEN NAME FIRST WARD URNER KOSEMARIE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) JAMES A. WARD SAME AS CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVA ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DI AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or USED AS 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INER: THIS CLASS THE WORKER OF THE CHIE FORWARDED TO THE CHIE TOR: PAGE 3 SHOULD BE US TOR: PAGE 3 SHOULD BE US TOR: STATE DEPARTMENT OF BURI YES NO XX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR driver auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 10:58PM 12/6 19 84 21e PLACE OF INJURY (ATHOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DE BALTIMORE, MAR STREET, FACTORY, FARM, ETC.) CITY OR TOWN AT WORK NOT WHILE AT WORK roadway BaltoWashPwky Rt295 atRt32, AnneArundelCo, MD 220. I certify that I took charge of the remains described above, held on Autopsy Inspection XX Inquiry and in my opinian death resulted fram: Natural causes Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL 12/13/84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Penn Street, Balto., MD 21201 Margarita A. Korell,MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION LAKEMONT CEMETERY DAVIDSONVILLE 07/84 25M 24. FUNERAL DIRECTOR ADDRESS 501 RITCHIE HWY **DHMH - 17** FUNERAL HOME SEVERNA PARK, MAGE (VR A15 ME (5))

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Burial

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24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

MIDDLE

FOR

- STATE

LIVEE OF PRINTS

REGISTRAR

DECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH

Martins Family Cem.

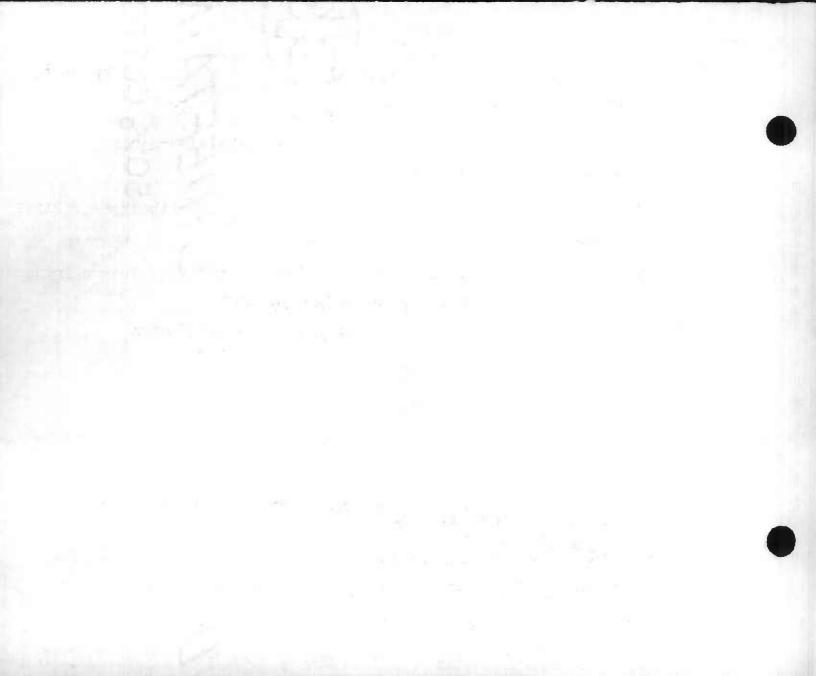
1101 E. North Ave.

DEPARTMENT OF HEALTH AND MENTAL HYGIENES REG. NO 20 DATE OF DEATH 2b. HOUR 84 26 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 2 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 130 STREET ADDRESS / ZIP CODE 1000 Shellbanks Rd. Martin ADDRESS 213-32-8828 Gwendolyn Edwards 2384 Seamon Avenue 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (our) apinian death occurred an the date and hour and from the couses stated 22c. DATE SIGNIL MEDICAL STAFF DIRECTOR PHYSICIAN 23d LOCATION

Roanoke Rapids

Autia Davidson gandell

25a DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



	- STATE REGISTRAR		CERTIFICATE OF DEATH	1	9070
	ECEASED NAME FIRST	MIDDLE	LAST	REG. N 20. DATE OF DEATH	MONTH DAY YEAR 26. HO
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258 P	JAL RESIDENCE IN NURSING HOME O	Unversity of	Maryland		
ts 35 130.	STATE M 2 136 BU	ROTHER INSTITUTION GIVE ESIDENCE SEFORE NTY 13/ CITY OF TOWN BULL	N 3d INSIDE CITY LIMITS?	130 STREET ADDRESS	Non a stary Ave
	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	O / /LAST
3.20	A usustas	RMED FORCES? 166 SOCIAL SECU		ADDR	Batton
	WAS DECEAS () EVER IN U.S. A. (YES. NO OR UNKNOWN) (IF YES. G.	ive war or dates)	22-1017 Thomas +	(Tr.) warren	9
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y, or	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
or to bu	Endst	age heart dis	rease		
Hygiene prior to B shows ony injur	190 DATE OF OPERATION	9196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO
	210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	URY IN ITEM 18 PART I OR PART 2)
	ON CONTRIBUTING CAUSE OF DE	(4)(1)			
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or Her	214 INJURY OCCURRED	P.M.  210 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	211. LOCATION	CITY OR TO	Own COUNTY
norked or them	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT MOME STREET, FACTORY OFFICE, F	211. LOCATION	CITY OR TO	13 60
or Her	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a 1 certify that (1) (this has	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F	ARM ETC.) 211. LOCATION STREET		COUNTY  3, 19 8 4, that (I) date and hour and hom the causes s
n 21 is morked or ther	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a 1 certify that (1) (this has	216 PLACE OF INJURY (AT MOME STREET, FACTORY OFFICE, F	ARM ETC.) 211. LOCATION STREET		13. 19.84, that (I)
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with the State Dept. of Health and Ment IMPORTANT. If Hem 21 is marked or Her 39.	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (I) (this hasp sow the deceased alive of above (I) (we) (did) (did of 22b SIGNATURE)  22d PHYSICIAN NAME AYPE	21e PLACE OF INJURY (AT MOME STREET, FACTORY OFFICE, F  portion of the deceased from 19 of the poly of the december of the dec	ARM ETC)  211. LOCATION STREET  3 19  4 . ond that in (m) (our) opinion  DEGREE  ATTENDING PHYSICIAN PHYSICIAN 22 ADDRESS  2 Z S G R	death accurred on the	January and from the causes so 2220 DATE SIGNED AFF CIAND UNIV-3

to x X Am bon Analysell of glovery som that VESTELL COLUMN STILL X LES SELLES LAND Edwarder N wason Novella 1 Battern Learned remodeled Assembly Trains you Contra palmery words Arata product of the End stone hand discussed va of si the for colored of The trans to Salt (the grades Henry French the fine to the test of the south and beauth a least and the second and the secon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE TE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE KNOWN X MONTH 7h HOUR [TYPE OR PRINT] OF ESTI-12/24/10 84 Warzyniak Martin Clarke SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 1:00 DATE LAST BIRTHDAY) PRONOUNCED DEAD 12/24/19 84 White TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR MARRIED TO NEVER MARRIED FOREIGN COUNTRY) WIDOWED [ DIVORCED Baltimore City Md IO CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY St. Agnes Hospital Mechanic-Storm Window Bus. Baltimore 113. STREET ADDRESS Pasadena. Md. In STATE M COUNTY 13d. INSIDE CITY LIMITS? Pasadena Arundel Kings Md Anne #21122 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Warzyniak, Sr En i Van Horne Anne 17. INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Kings ADDRESS - Pasadena. IYES, NO. OR UNKNOWN 1 LIF YES GIVE WAR OR DATES) Kenneth R. Warzyniak APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Traumatic Subarachnoid Hemorrhage IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION USED AS 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X SHOULD BE UP ARTWENT C NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR subject struck over head with pool stick CONTRIBUTING CAUSE OF DEATH 9:00P.M. 12/22/ 1984 EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 SHOULD BARTIRE OF MARYLAND, 21201 FMIN 21 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME STREET, FACTORY, FARM, ETC.)

POOT FOOM 4106 Annapolis Rd., Balto. County, Md. AT WORK NOT WHILE X 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Homicide X death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL 12/25/84 SIGNATURE M.D.Assistant MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION STATE Balto.Nat'l.Cemetery Balto Md. 07/B4 Burial 25M G. FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR 25 Balto.Nat'l.Pike DHMH - 17 (VR A15 ME (5)) 100

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) 84 18 6:35 P **JAMES** WASHINGTON A. 5. DATE OF BIRTH & AGE (IN YEARS LAST-BIRTHDAY) IF UNDER LYEAR # UNDER 24 HRS 4. RACE 3. SEX 26 60 NONTH 76 Black Male MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISLATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? City Balto. Wachington USA WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION VANC, SUBATTIMOTE, Maryland 21218 Balto. 21229 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13c. CITY OR TOWN 3. STREET ADDRESS / ZIP CODE RD. Apt.A 13d INSIDE CITY LIMITS? Balto. Md. YES 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE LAST FIRS? UNK UNK ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Lacy White 4649 Manordene Apt. A Yes 214-18-7966 APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: TERMINAL LUNG CANCER DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 POOR NUTRITIONAL STATUS. CERTIFICATION DEMENTIA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED 9n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [ 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (X (this hospital) attended the deceased from DECEMBER saw the deceased alves on DECEMBER 18 19 84 and that DECEMBER saw the deceased alive on DECHVIBER 10 above, (M (we) (did) (M (N)) View the body after death (aur) apinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Y

GAIL A. REEDMAN

22e ADDRESS

VAMC, Baltimore, Maryland 21218

236 BURIAL, CREMAHON, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY Owings Mills Md. 12-24-84 Garrison Forest Va.

24 FUNERAL DIRECTOR

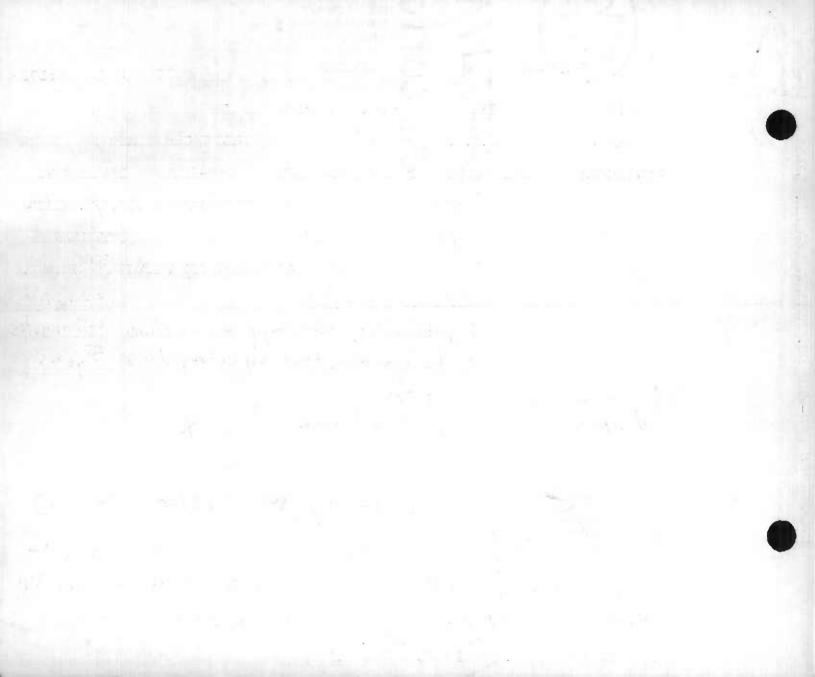
Wm. C. March F/H 1101 E. North Aye,

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Trelia Davidson Randale

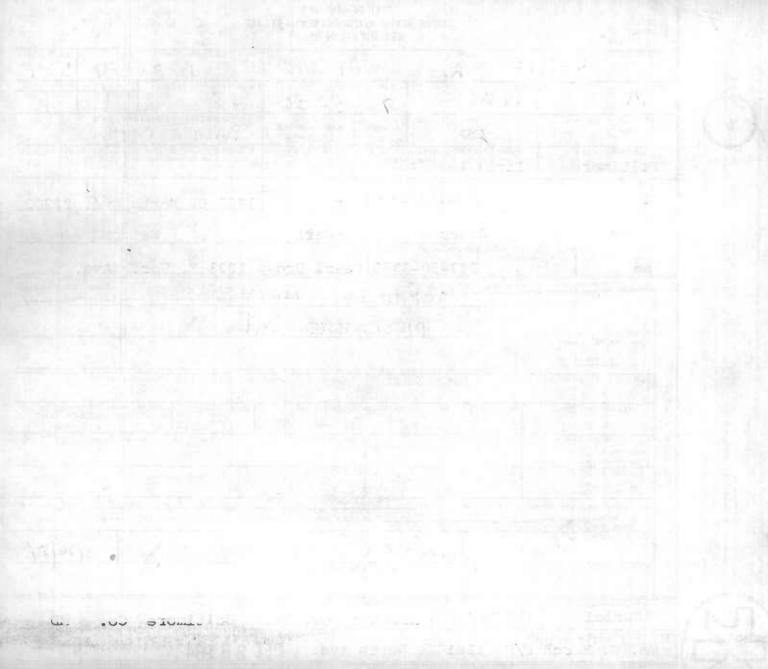
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	( ) D		CEASED NAME	FIRST		MIDDLE		AST	2	0 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
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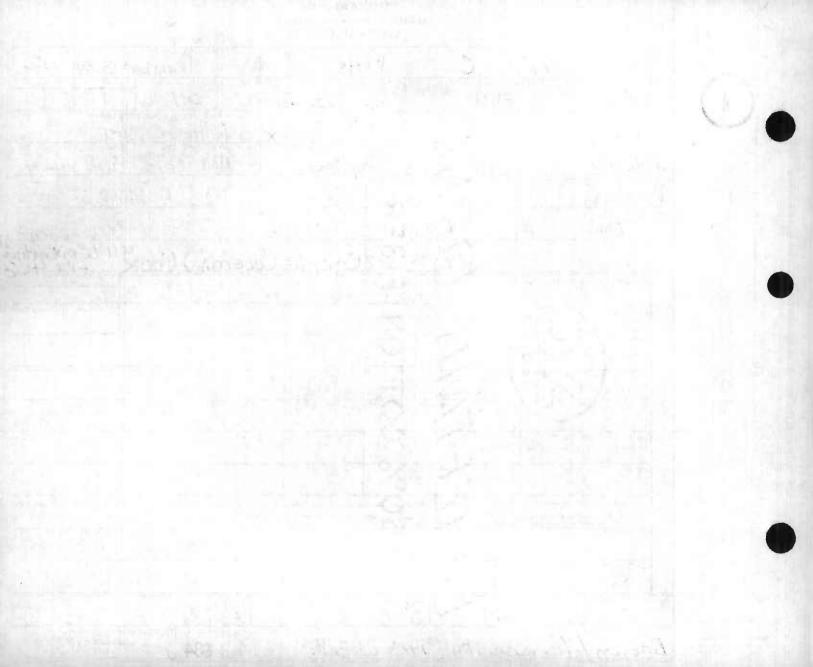


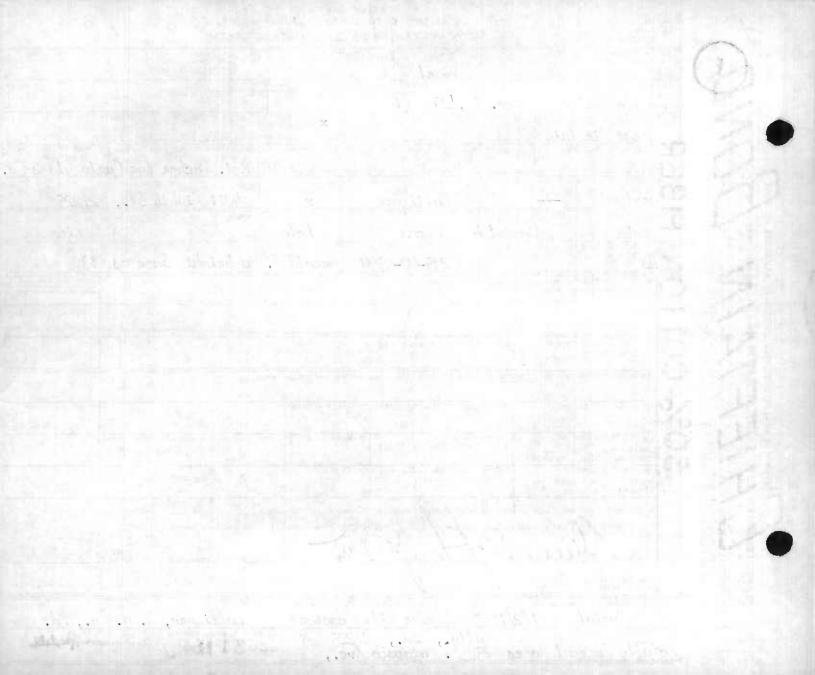
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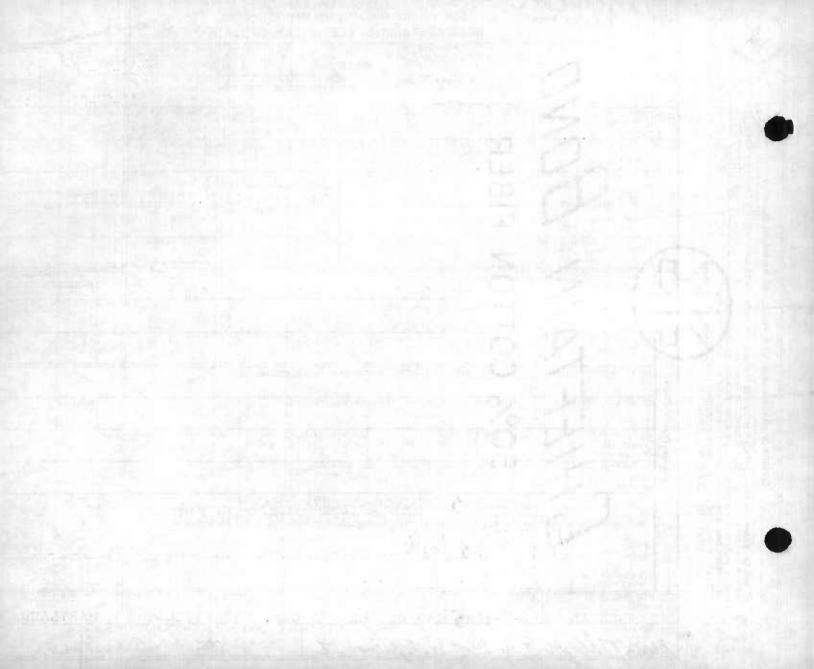
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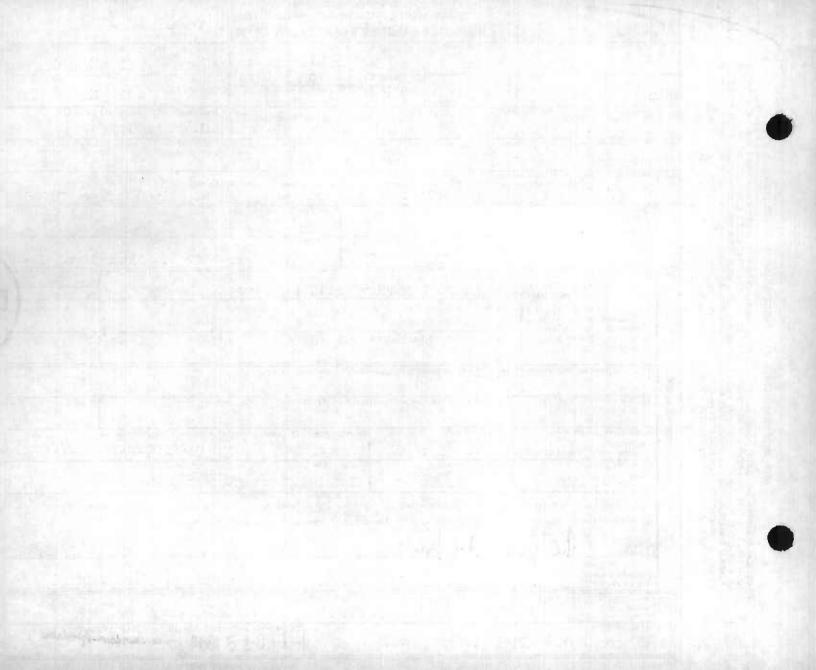
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH TYPE OR PRINTS 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 9 BALTIMORE CITY OR COUNTY OF DEATH 16 CITIZEN OF WHAT COUNTRY? I MALE OR FOREIGN MARRIED NEVER MARRIED USA. DIVORCED OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN KIND OF BUSINESS OR IAL RESIDENCE (IF pursing home or other institution, give residence before admission) 13b. COUNTY 13d INSIDE CITY LIMITS? 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (IF YES, GIVE WAR OR DATES) WENOWA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Sehsis Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 19n DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO 210. ACCIDENT WAS UNDERLYING 71% TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d, INJURY OCCURRED 21s. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (eve) opinion death accurred on the date and haur and from the causes stated saw the deceased alive an. abave, (1) (westdid) (did nat) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) d b HAMMONDS LANE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, BEMOVAL 23b. DATE 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D. DHMH-16 30M 2/80 (VRA 15, 4)

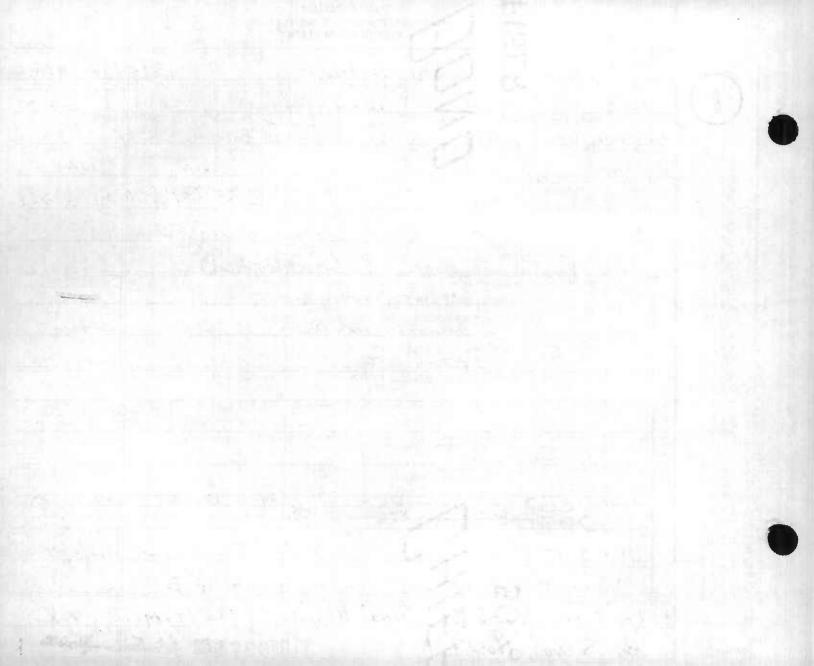




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District	CESSARY, PLEASI FERAL DIRECTOR OR YOUR FILES ITHIN 72 HOUR PRESTON STREET	3. SE	4 RACE 5.	DATE OF BIRTH O	6 AGE (IN YEARS	IF UNDER TYR. IF U	NDER 24 HRS 2c. DATE	MONTH DAY YEA	
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	S NECESSARY, PEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET.		DREIGN COUNTRY)	IISA			NORCED   Baltimor	e City	AAD
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→ F	W W W	1 🖁	210. EXTERNAL CAUSE WAS	216. TIME OF INJU		21c HOW INJURY OC	CURRED LENTER NATURE OF INJURY IN IT		
N	SHOW WAS		UNDERLYING OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR				
ISIO	ERTIFIC ING THE S SHOU PRIOR	MEDICAL	214 INJURY OCCURRED	21e PLACE OF IN	JURY (AT HOME,	HE LOCATION			
20	THIS CHARTE WARDE PAGE 3	2	WHILE DOT WHILE DAT WORK	STREET, FACTORY, F	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	MEDICAL EXAMINER: THIS CERTIFICATE SHE CUTE THE CERTIFICATE, WRITING THE WORLD BE FORWARDED TO THE CHAUNEAL DIRECTOR, PAGE 3 SHOULD BE UFR DEATH, WITH THE STATE DEPARTMENT OF LIMORE, MARYLAND, 21201 PRIOR TO BUR			/ [	ADTIAL \	Autopsy XX Ins	v)		
	A TO SEE A		27a I certify that I took charge of	1/1)		-	pection لما, Inquiry L.	ond in my opinion	
	AMII RECT ITH INTH	100	death resulted from: Natural	causes XX. Acci	dent . Suicio		Undetermined manner	<u></u> ,	
	Z B B B A		ACTUAL MAIN	enticol has	hall.	M.D. Assist		DATE SIGNED 12-28	0.4
	ETHE CERTIFIC ETHE CERTIFIC SHOULD BE FRAL DIRECT PEATH, WITH I ORE, MARYLA		SIGNATURE VYOUR	no girt	1.000			SIGNED 12-28	-04
	ANDIC CUTE THE SE A SH FUNER ER DEA		EXAMINER'S NAME Marc	garita A. k	Korell, M.D.	ADDRESS1	.11 Penn Street		
	EXECUTION PAGE A	23a. B	URIAL, CREMATION, REMOVAL 23b.	DATE	23c. NAME OF CEME		23d LOCATION CITY OR TOWN		
07/84	BP	1	BURIAL 1	-4-1985	CROWNSVI	LLE VA CE		LE MARYI	AND
25M		24 F	UNERAL DIRECTOR	- 1	A CONTRACTOR			REGISTRAR'S SIGNATURE	
	DHMH - 17 (VR A15 ME (5))	18	lour Thomoson 7	-H, 1918	W. Kaltin	no St. 1	AN 4 1995 Feel	ia Davidson Randa	00
							~~~	- Joseph	







BP

DHMH - 16 50M 4/83

(VRA 15, 4)

injury, or other traumatic event, the

IMPORTANT: If them 21 is marked ar Item 18 shaws any

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 3 3 3

REGISTRAR				CERTI	ICAIL OI DEATH	REG. NO	D		
DECEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	WILI	LIAM	HOWARD		ER JR.	DECEMBER		1984	4:45 M
3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY)	MONTHS DAYS	HOURS MIN.
MALE		WHIT	re:	OCI		67	YRS		
a. BIRTHPLACE (STATE	OR FOREIGN		F WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	TY OF DEATH	
MD.		U.S	5.A.	WIDOWE	0 - 11212111111112	BALTIM	ORE	CITY	ME.
CITY OR TOWN OF	DEATH		F HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
BALTIMOR	E	320			CE ST.	ELECTRICI			WITZ CO
JSUAL RESIDENCE IF N 136. STATE MD.	13b COUP		136 CITY OR TON BALTIM	NN	136. INSIDE CITY LIMITS?	3203 INI		NDENCE	21218 ST.
I. FATHER'S NAME					15 MOTHER'S MAIDEN NA				
FIRST WTLLI	AM H	OWARD	WEBER		EŠŤELL			GUERI	KE
6a WAS DECEASED EV	ER IN U.S. AR	MED FORCES	? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE		G 7 1/17	* > > > > > > > > > > > > > > > > > > >
YES NO OR UNKNOWN)	WW	11	214-18-	-5207	JOSEPH WE	BER (BROTI	HER)	0.1	ADDRES
18 CAUSE OF DE	ATH (Enter on	ly one couse p	per line for (a), (b), o	nd (cy)	Λ ι			BETWEEN	IMATE INTERVAT ONSET AND DEATH
PART I. DEATH		E CAUSE (o)	Car	Alac	Arrest			Imne	Nia te
PART 2 OTHER S	IGNIFICANT (		CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	winal disease or con	DITION G	IVEN IN PART II	0,
19a DATE OF OPE	RATION			H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDIO	
	CAUSE OF DEA	HOUR	OF INJURY A.M. MONTH (	DAY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	EY IN ITEM TE	B PART   OR PART 2)	
(IF EITHER NOTIFY A  21d. IN JURY OCC  WHILE NO AT WORK AT	WHILE WORK		E OF INJURY STREET, FACTORY, OFFICE	FARM ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
sow the dece	eosed plive on	Ju.	the deceased from 19 dy alter death.	17/1-	nd that in (my) (our) apinion	to preser			that (I) (we) los couses stated
22b. SIGNATURE	. (	1			DEGREE ATTENDING	MEDICAL STA	cc	22c. DATE	SIGNED
Whent	Wf.	UD		m	FHISICIAN	DIRECTOR PHYSIC	IAN 🗌	12/6	184
22d. PHYSICIAN'S		BERT	PETERS		1.OCH RA	VEN VA HO	SPIT	AL	
				NAME OF S	1				
3a BURIAL, CREMATIC (SPECIFY)	IN, REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION  OUTVORTOWN  BALTIM	IODE	COUNTY	Mb.
BURIA		12/7			ATHEDRAL				
FUNSCHIMU	NEK F	JNERA]	L HOME	INC.	250 DA	TE REC'D. BY REGISTRAR	25b. REGI	STRAR'S SIGNAT	URE

Brehms Lane, Balto. Md.

DEC

Lulia Davidson-Randall



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		1-	STATE				EXAMIN				100	TH	3	U U	9	
10	MASS CO.		REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	- AMIII	EK 3 C	LAST	CATEO			REG.		DAY YEAR	10: 110:10
14			E OR PRINT)									OF	ESTI-	MONTH X		2b. HOUR
1 88	EET, EET,	2 051		John_					kstro				MATED	☐ 12/	13/19 84	M
2	STREET	3 SEX			5 DATE OF BIRTH	YEAR	6 AGE (IN YE LAST BIRTHD			IF UNDER		2c. DATE	CED			24 HOUR 5:00
Z AMAGE	8258 8258			hite	11 18	00	84 YI	RS.				DEAD		,	13/ 1984	Рм
2 FAB	O THE FUNKAL DAKECTOR. PAGE 5 FOR YOUR FILES. FILED. WITHIN 72 HOURS. 2.201 W. PRESTON STREET.		RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF WH	HAT COUN	TRY?	8. MARRI	ED NE	VER MARRI	ED 🗆	9 BALTIM	ORE CITY	OR COUN	TY OF DEATH	
I many	ZUZ DI		Wew Jersey		U.S.			WIDOW	ED X	DIVORC				e City	,	MD.
181	E HE HE	10. CI	TY OR TOWN OF DE	ATH	11. NAME OF HOS	PITAL, NUE	SING HOME	, OR OTH	ER INSTITU	TION	12a. USU	AL OCCUP	ATION (T	TYPE OF WORK	126 KIND OF B OR INDUS	USINESS
3	A GERTIED	1	Baltimo	re	3512 Ma						1000	Owner			Tile	1111
2 5	ENGO TO		L RESIDENCE (IF IN NI	JRSING HOME C	OR OTHER INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISSE	(NC	has more o		lu cror					
26. 21201	SECOND S	130. 5	Md.	13b. COUN	11		or town		13d. INSIDE (I YES 🗌	NO [		ET ADDRE		70 2	1214	
- Q =		14. F/	THER'S NAME	1						R'S MAIDE				76. 2		
	ON AND 2 SI		rank		MIDDLE		AST		F	IRST		M	IDDLE		LAST	
OR OF			VAS DECEASED EVER	IN U.S. AR	MED FORCES?	Wecks	IAL SECURIT	Y NO.	Old 17 INFORM	MANT			ADDRE	Ling	uist Lincoln	7,170
BALTIMORE,	18. GIVE PAC WITH FORM IT, PAGES 1 DIVISION C	(Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)											
	B. GIVI	<b>—</b> ,	es	1919			-03-07	43	MS.	. Ver	a Hol	ngrei	1	Long	Island,	
ST.,			PART I DEATH W	VAC CALICE	ly one couse per line D BY:										BETWEEN ONS	ET AND DEATH
N Z	IN ITEM 18 ALONG USIT PERMIT HYGIENE, MOVAL.		80.53	IMMEDIA	TE CAUSE (o) Art				ardio	vascu	lar	Disea	se		-	
EST EST	NO HY		Conditions, if	anu which	DUE TO, OR	AS A CON	SEQUENCE	OF								
g. 2	A PAR		gave rise to	immediate	< ,.,											
× -	EXAMINER EXAMINER PAL - TRANS O MENTAL H ON, OR REA		lying couse last		DUE TO, OR	AS A CON	SEQUENCE	OF								
<b>8</b> 50	SAN	177		. 3	(c)											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S. CRRIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR	Ending" in Pencil in Item Medical Examiner Along AS A Burial - Transit Perw ASITH AND MENTAL HYGIENE CREMATION, OR REMOVAL.	_	PART 2 OTHER SIGNIFICAN	NT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITION	N GIVEN IN PAI	RT T (a).					
0 8	A STAN	CERTIFICATION					1000	71.0								
N N	アピエラー	3	190 DATE OF OPER	ATION	19b. CONDIT	TION FOR Y	WHICH OPER	ATION W	AS PERFOR	MED?					20 AUTOPS	(?
SH OH	NORD NT OF BURIA	E				W.			- 35						YES 🗌	NO X
OF OF	THE OF TORRENT TO BUT T		210 EXTERNAL CAU		21b. TIME OF HOUR A.M		DAY YEAR	21c HC	YAULNI WC	OCCURRE	D LENTER N	IATURE OF INJ	URY IN ITEM	18 PART 1 OR PA	RT 2)	
NO N	ING THE V ED TO THE 3 SHOULD SEPARTMEI PRIOR TO	MEDICAL	UNDERLYING CONTRIBUTING	CAUSE OF I			19	500								
IVISI GERI		ED	21d. INJURY OCCUR	RED	21e PLACE C	OF INJURY			CATION	12.16	-100	CITY OR TOY				STATE
io Si	8 1 2 1 2 1 N	3	WHILE NOT	WHILE C		ORI, PARM, EI	C.)		THE !			CITTORTOV	/N	(0	UNTY	SIAIE
±	RWY RWY S. PA S. 21				e of the remains des	and the second second	F - 1 - 1	Autops		Inspection	V			1.	200	
2	PE PER		and the state of the		al causes X.							Inquiry		ond in my ap	noinion	
A 8	RYL RYL		death resulted from	Notion	ol couses LA,	Accident	L., 50	icide 🔲	, Hamic	5 T. T. T.	Undete	rmined mo	nner L	١,		
N N	CERT DUID DUID I	13	ACTUAL X	77	>				TITLE (SI		_			DATE	10/1	1/01
3	E KE KE		SIGNATURE	7	Still S.		7 7 6	M.	D. Ass	ISCALL	L_MEDI	CALEXAM	INER	SIGNE	12/1	4/84
Q.	PASS S		EXAMINER'S NAME	Gre	egory R. H	(auffr	nan M	D		11	1 Dor	nn St				
0	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2	73- P	(TYPE OR PRINT)				IAME OF CE		ADDRESS_			CATION	•			
		(5	Remova		12/14/		AME OF CE	METERT OF	K CKEMAIC	JK1	CITY	OR TOWN		COU	YTY	STATE
07/84 E	3P	74 F	UNERAL DIRECTOR	~ _	12/14/	04			- 1	Man Dale	90000	EGIS D	- 174 OC	A POPULAR BY	and the	
	DHMH - 17		Anatomy	7 Boar	ADDRESS	D-	lto.,	ма	U	CIT	1 10	900	A CHAIN	A POPULATION OF THE PARTY OF TH	, and the state of	
(V	'R A15 ME (5))		Anacomy	Doal	u	Dd	100.,	riu.				V				



74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO, MD 21215

1 - STATE

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND 3 3 5 DEPARTMENT OF HEALTH AND MENTAL HYGJENE CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DEC 1 7 1984 Like Davidson-Rondelle

REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	
(TYPE OR PRINT) MARY	WEIGRERG	112-11-86	1- 10451
	MC12 DCIGA	10-11-0-	10 N
	SIAN STATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
FEMALE SEWIST	F 11 15 02	82	RS. Dats HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT	COUNTRY	9 BALTIMORE CITY OR COL	INTY OF DEATH
TRUSSIA USA	WIDOWED NEVER MARRIED '	CITY - Bez	TIMBLE MD
	ITAL, NURSING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
BALTIMORE SINA	HOSP OF BALTIMARE	HUUSE WIFE	NG LIFE) INDUSTRY HOME
	ESIDENCE BEFORE ADMISSION)	. /	#212
13a, STATE	13d. INSIDE CITY LIMITS?	2307 HAN	WAY Rd 2120
14 FATHER'S NAME	15. MOTHER'S MAIDEN NA		
FIRST MIDDLE	LAST FIRST	MIDDLE	1 Jalas IAST
JACOB 50	HWARTZ SOFHIE	ADDRESS	MKNOWN
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. S (YES, NO DRUNKNOWN) (IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 17 INFORMANT MRS	EVELYN KATZOF	F
NO	15 220424 INWXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2307 HA	NWAY RD. #21209
	o i h hiebi-ie	2507 117	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) //C	ENAL FAILURG		DAYS
DUSTO ORAS	CONSTOURNEE OF		L
0.00	A CONSEQUENCE OF CARCINOMA		MONTHS
Conditions, if ony, which gove rise to immediate	MISTALLE CHECK THE		
couse (a), stating the DUETO, OR AS	A CONSEQUENCE OF	010110	Contract Contract
underlying couse last. (c) BO	WEL AND BREAST	CANCER	P1-27 TO 10 TO 10
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OF CONDITION	GIVEN IN PART 1(B)
	WASTAGE ALL PARRILLIAM		OVER WAT ART 110
E LIVET I THEOTICE &	7.50 : 13 /// /		
S 190 DATE OF OPERATION 196 CONDITION	FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
E		YES NOY	YES NO NO
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJ	URY 1216 HOW INJURY OCCUR	RED (ENTER NATURE OF MUNICIPALITY IN ITE	
OR COMPRISING CAUSE OF REAL HOUR A.M.	MONTH DAY YEAR		
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  21d. INJURY OCCURRED  121e. PLACE OF IN  121 INJURY OCCURRED  121 INJURY OCCURRED	19		
21d INJURY OCCURRED 21e. PLACE OF IN		CITY OR TOWN	COUNTY STATE
* WHILE NOT WHILE AT WORK AT WORK	CTORY, OFFICE, FARM, ETC ) STREET	CITOKTOWN	STATE
22a.1 certify that (1) (his hospital attended the dec	eosed from 12-10-69 19	to_12-11-84	19 tho (I) wellost
sow the deceased alive on 12-11-84 above, (1) (did) (did set) view the bady after	19 and that in (my) our opinion	death occurred on the date and	hour and from the causes stated
226. SIGNATURE	DEGREE		22c. DATE SIGNED
Worded K. Ousen	MAN ATTENDING PHYSICIAN [	MEDICAL STAFF	1 12-11-84
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS		,
DANAID O TAVI	OR MD DEPT. MEDIC	INE SINAL	HOSPITAL
DOIGHOU 17. 1177	or in her introduced	וועונב שעווב	HUSITIAL
230 BURIAL, CREMATION, REMOVAL 236 DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	
(SPECIFY) BURIAL 12-13-84	ARLINGTON-CHIZUK AMU	NO BALTIMORE	COUNTY

A CHARLES OF THE PARTY OF THE P AND STATE OF THE S

## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate h should be detached for use as the buriol-transity with the State Dept. of Health and Mental Hygier IMPORTANT: If them 21 is marked or them 18 show

(VRA 15, 4)

FOR

STATE OF MARYLAND

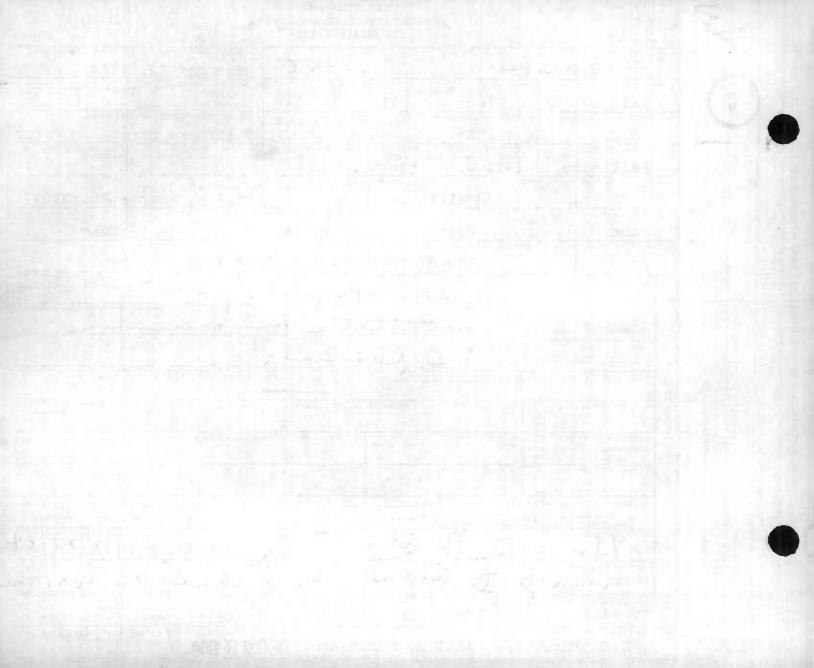
DEPARTMENT OF HEALTH AND MENTAL YGIENE

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10	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1		CEASED NAME FIRST	WIDDLE	LAST	TO DATE OF DEATH MONTH	10 110011
8 3 w		JUNIUS	Market State	WEST	DECEMBER 24	IM
1 20	3. SE	X	RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
S S S S S S S S S S S S S S S S S S S	7 . RI	POALE RIMPLACE ISTATE OR FOREIGN	BIACK  b. CITIZEN OF WHAT COUNTRY?	JAN. 10- 24	9 BALTIMORE CITY OR COL	RS DE DE ATH
1 P. S.		COUNTRY)	ZLS.A	MARRIED NEVER MARRIED	BALTIMORE	
ed ed	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
#T 33	В	ALTIMORE	JOHNS HOPK	INS HOSPITAL	happener	INDUSTRY Steek Co
Target Services	USU. 13a S	AL RESIDENCE (IF NURSING HOME OR STATE) 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE  130 CITY OR TOWN  130 CITY OR TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP (	
a 2 sh	14 F	THER'S NAME	AIDDLE LAST	IS MOTHER'S MAIDEN NA	AMÉ	LAST
de de la		Morris	West	ZINKA	10VV ADDRESS	
Poge.		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURATION DATES)		est 1232 Ceda	encrost Rdai23
ysicio oppers vol. nt, the		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), one	lici)/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
remo			CAUSE (a) Lardiac	anest -asystole		30min
e cor on, or		Canditions, if any, which	DUE TO, OR AS A CONSEQUE			30 min
emove emotion		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE			SOUTH
d by dease of, cre		underlying cause last	(c) Metastat	tic Languageal <	anebr	3 months
flen plate to burn platy, o	NO	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to d</u>	<u>EATH</u> BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	N GIVEN IN PART 110
beer prior ony i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
sit pe	RTIFI				YES NOW	YES NO
Ftron Ftron of Hy		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		Y YEAR 21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITE	M IB PART I OR PART 2)
Ment Anther	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
s the ond	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE FA		CITY OR TOWN	COUNTY STATE
S: Aft		22a.1 certify that (1) (this haspit	al) attended the deceased from	11/20 19 80		, 19 5 , that (I) (we) last
of F	133	above, (I) (we) (did) (did nat	view the body after death.	The second of the second of the second	death accurred on the date and	d have and from the couses stated
DIRE ochec Dept If Iter		226. SIGNATURE	M 110 1.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
ERAL Stote		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	PHYSICIAN  1220 ADDRESS	DIRECTOR PHYSICIAR	12/24/84
should b with the		David M. H	bekenne al	Jons	HOPKING HOTA	hal
shoul with	23a E	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	
		Removal	12-28-84 Tei	arwaller Coty.	Cumber/8	NotCo. Va
I - 16 60M 7/84	24 FI	UNERAL DIRECTOR	1 PON' 1 ADDRESS	4 MM 11 250. DA	TE REC'D. BY REGISTRAR 256 PE	La Dandon Handell

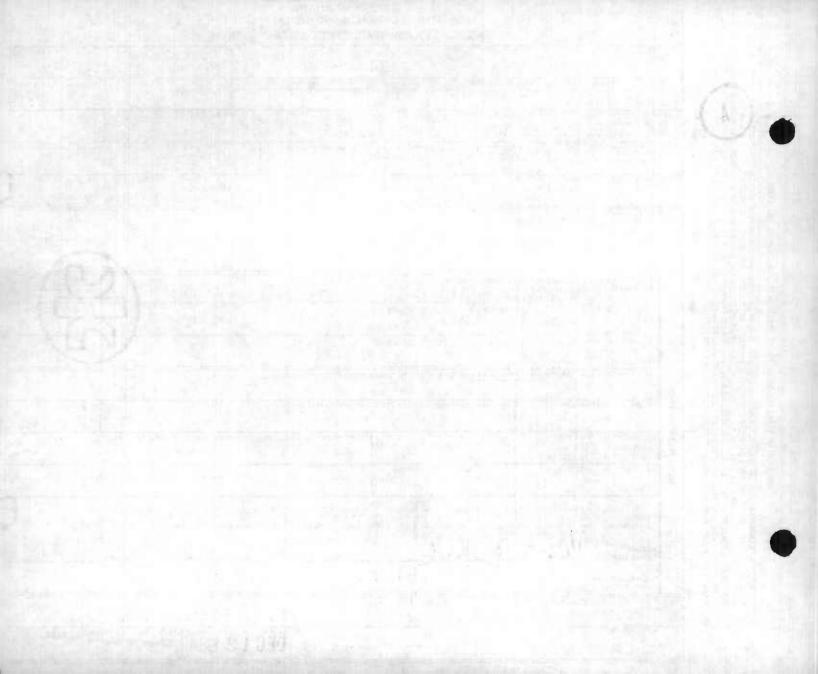
B.2.43 " 1817 NORNAMEN 2021 3 MODELL BY MEST IS THENOW . THE SELECTION 125 WW AR STAN TOWN FROME WEST WINDOWSE ENDING From 21 In Francisco Google Company and Company many of the state of the second of the secon

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTALSRYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH I. DECEASED NAME LITYPE OR PRINTS December 22 1984 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH MONTHS DAYS HOURS MONTH 11 29 Male Black 14 **BALTIMORE CITY OR COUNTY OF DEATH** 7a BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X COUNTRY S.C. USA Baltimore City WIDOWED DIVORCED [ ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 1921 W. Mosher St. Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1921 W. Mosher St. 21223 MD Baltimore YES IX NO [] 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Melissa John West Cane ADDRESS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-09-7038 Doshier Floyd 1444 69th Ave. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 206. IF YES, WERE FINDINGS USED 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDIC AL EXAMINER P.M 19 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) 22a.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 774 PHYSICIAN'S NAME (TYPE OR PRINT) the. SECOURS shoul with 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL CREMATION, REMOVAL 23b. DATE Burial CITY OR TOWN 12/27/84 Mt. Zion Cem. Baltimore MD 250. DATE REC'D. BY REGISTRAR 250 DEGISTRAR'S SIGNAPORE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 WMM. C. March F/H 1101 E. North Ave. (VRA 15, 4)



		1-	FOR STATE REGISTRAR				MENT OF	HEALTH			HYGIENE OF DEAT	3 TH	3 REG. NO	5 5	1	
	ASE DR. JRS ET,		CEASED NAMI	PATR	ICE	WIODE	WES		ELAND		.20	OF DEATH	NOWNXX		0-849	2b. HOUR
	NA STATE OF	Fe:	male	Black	5. DATE OF BIRTH	84	6. AGE (IN YEA	Y) MONTH	DER 1 YR.	HOURS		c. DATE RONOUNC DE AD	CED	12-10	0-849	2d HOUR 7:39P
),.	125	FO	RTHPLACE (S REIGN COUNTRY) MC	i.	76 CITIZEN OF W			WIDOW		DIVOR	CED D	Balt	imore	City	Y OF DEATH	MD
1	S S S S S S S S S S S S S S S S S S S		Baltim						PROTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)					E OF WORK	OR INDUSTRY	
. 21201	SHOULD SH	13a S	Md.	131 COUNT	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TY  Balto.			136. INSIDE (ITY LIMITS? 136. STREET ADDRESS 2233 McElde				21205 Stree	et			
ORE, MC	OF AND 2		Marce			Westmoreland			F	nise		MIC	DOLE	Jame	LAST	
BALTIM	TED WITHIN 24 HOURS AFTER N PENCIL IN UTEM 18, GIVE PA XAMINER ALCONG WITH FOR ALL TRANSIT PERMIT PERMIT PACTES I MENTAL HYGIENE, DIVISION, OR REMOVAL.	(Y	ES, NO, OR UNKNO	(IF YES, GIVE W	/AR OR DATES)		N/A	NO.			Jame	es 2	ADDRESS 2233		lderry	
TON ST.,			18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c), )  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Sudden infant death syndrome  DUE TO, OR AS A CONSEQUENCE OF											APPROXIMATI	T ANO DEATH	
01 W. PRES			gove ri	ns, if ony, which se to immediate stating the <u>under-</u> se last.	(b) DUE TO, OR	AS A COM	NSEQUENCE (	)F							/	
CORDS, 2	BE EXECUNDING" II	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10													
VITALRE	WORD "PE WORD "PE E CHIEF A BE USED / ENT OF HE/ BURIAL, C	CERTIFICATION	19a. DATE OF	OPERATION L CAUSE WAS			WHICH OPER								20 AUTOPSY	NO 🗆
DIVISION OF	STIFICATE NG THE WO TO THE SHOULD SHOULD PRIOR TO THE PARTMEN	MEDICAL CE	UNDERLYING	OR NG CAUSE OF D		A. MONTH	DAY YEAR		CATION	OCCURR	ED (ENTER NA	ATURE OF INJU	IRY IN ITEM TS F	PART 1 OR PAR	RT 2)	
DIVI	THIS CE WARDED WARDED PAGE 3 STATE DE 21201 P	ME		NOT WHILE AT WORK		TORY, FARM, E			TREET			CITY OR TOW	N	cou	INTY	STATE
	RAMINER: RTIFICATION D BE FOR RECTOR: VITH THE	1	220. I certi death resulte	fy that I took charge	af the remoins de	Accident		Autops	, Hamic			Inquiry (		d in my api	inian	
	EDICAL EXA  JIETHE CERT  4 SHOULD  NNERAL DIRE  NORE, MARY		ACTUAL SIGNATURE EXAMINER'S		te me	Hall A Ko	rell M		ASS 15	stant	MEDIC			DATE	12-11	-84
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,	23a.Bt	(TYPE OR PRI	TION, REMOVAL 23	b. DATE	23c	NAME OF CEA	AETERY OF		ORY	123d 1.O.C	ATION		COUN	"yland"	ATE
/84 A	DHMH - 17 (VR A15 ME (5))	24 Ft	JNERAL DIREC		12/14/8 H 110		Eastv:				REC'D. BY R	1984	150 REGIS	STRAR'S SI Davids	Tyland Mandag	2
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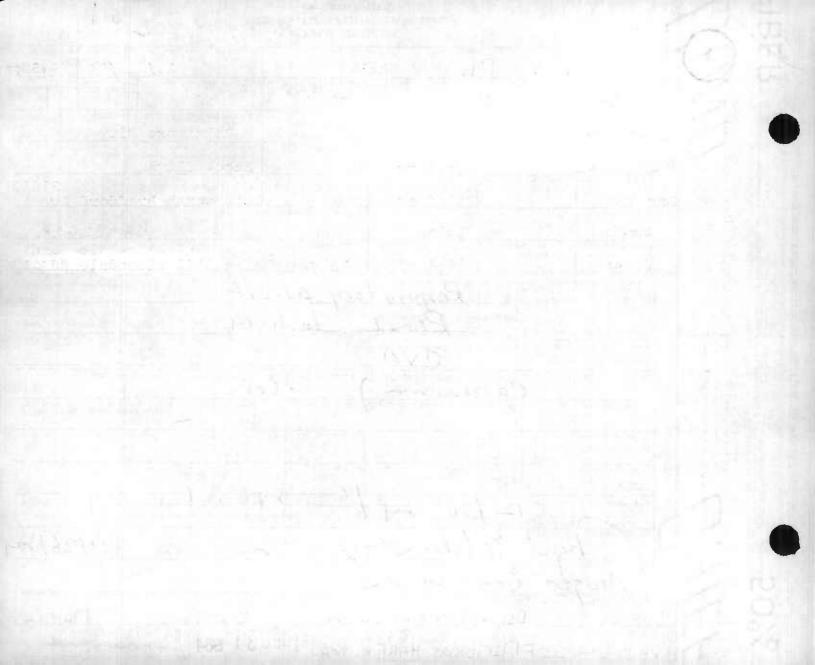
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE

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	1	FOR		252.274	STATE OF MAR			3 3	6 0	
1	1.	STATE REGISTRAR		DEPAKIN	IENT OF HEALTH AN CERTIFICATE O	F DEATH			0	
F		CEASED NAME FIRST		WIDDLE	LAST		20. DATE OF DEA	G. NO. TH MONTH D	DAY YEAR	2b HOUR
.)	ITYPE	Josep	oh C	7.	Whelan		BET A	12/ 2	25/84	8:50p
$\overline{}$	3. SE		4. RACE		5. DATE OF BIRTH	45.45	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	Whit	te	12 03	18	66	YRS.		HOURS MIN.
ce.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVI	R MARRIED	9 BALTIMORE C	TY OR COUNTY	OF DEATH	
35		altimore	U.S.	.A	WIDOWED	DIVORCED 🖔	Balt	imore (	City	MD.
20	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME OR OTHER I	NSTITUTION	12a USUAL OCCU	JPATION AOST OF WORKING LIFE		F BUSINESS OR
70	B	4TIMORS			y Home		Stock			
	USU 13a	AL RESIDENCE (IF NURSING HOME TATE 13b. CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		E CITY LIMITS?	13e STREET ADDR	ESS / 7IP CODE		21213
EL.	Ma	ryland		Baltimo		NO 🗌	1515 No			
a lue	14. F/	THER'S NAME	WIDDIE	LAST	15. MOTH	R'S MAIDEN NA	ME		LAS	NT.
SOC		Martin	J	Whelan	An			B	AMBS.	GER
medical		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO. 17. INFOR	MANT	37	OU Alto	ondale	Road
E		nknown	ONE WAN ON BRIES,	215-10-	5231 Me	lvin Wh	nelan Re			
18 shows any injury, ar other traun	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause lol, stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  196. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING	T CONDITIONS CO	CLUSTON FOR WHICH	DEATH BUT NOT RELA	FORMED	AINAL DISEASE OR  200 AUTOPSY  YES NO RED (ENTER NATURE OF	20b. IF YES IN CERTIF	S, WERE FINDING CAUSES	NGS USED
Item 18		OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.	M. MONTH DA	Y YEAR		(Contraction)			
- 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF T	21e. PLACE	OF INJURY	19 211 LOCA				COUNTY	
	X	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	REET	CITA	ORTOWN	COUNTY	STATE
		22e I certify that (I) (this has	spital) attended th	deceased from	11/6		1,10 12	25	19 84	that (I) (we) lost
		saw the deceased alive	not) view the body	ntter depth	one that in (	ny) (our) opinion	death occurred on	the date and hour	r and from the	couses stated
IT: If hem		THE SHORATURE MEL	10	hein	J1-4)		MEDICAL DIRECTOR P	STAFF HYSICIAN []	12/ DATE	36/h
MPORTANT		MUZES	6	remdi						
₹-	23a	BURIAL, CRÉMATION, REMOVA	AL 236 DATE		IAME OF CEMETERY C	R CREMATORY	23d. LOCATION		COUNTY	STATE
-	17	URIAL	DSC-9.	8,71840	AKLAWA	107 5		mRs.	1,	1ARYLAN
/83		JNERAL DIRECTOR	-0-	ADDRESS	8800	3 1	1 1984		Malon-Han	
	121	rans [Haps]	St 1 150	ORISS H	ARFORD RO	00	0 - 1304	1/100000	Intopi and	



The state of the s All Manager and All an 7. N. D. 1 

PHYSICIAN: The law requires that the death certificate be executed within 24 hours

completely filled in by and 2 should be file

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and co should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

or offending physicion.

OR ATTENDING

TO HOSPITAL

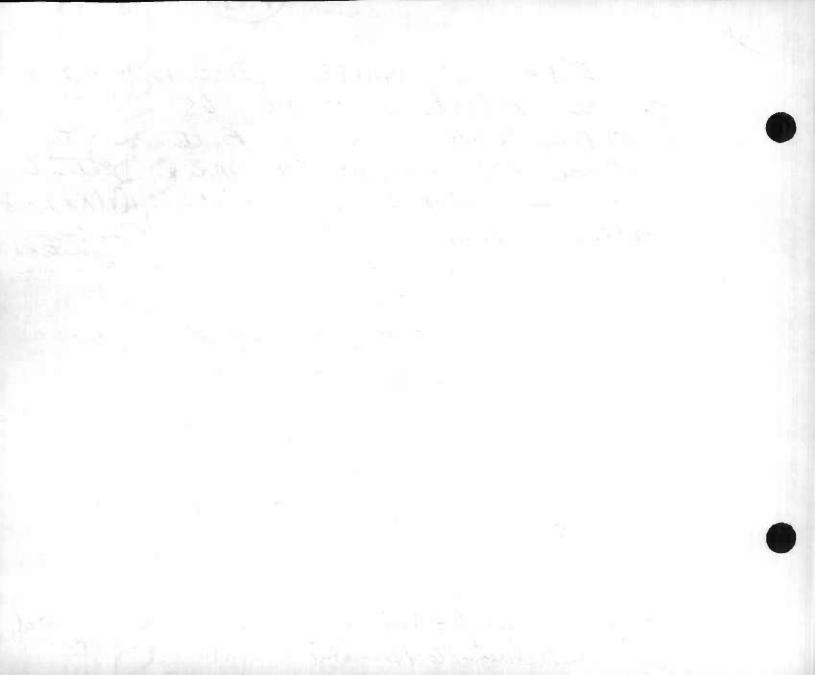
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## STATE OF MARYLAND

3 3

1 054	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTALY		0 0 4
	ECEASED NAME FIRST	MIDDLE VALLETTO	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR  16. 1984 2:100.
3. SE	Female	Black 3. DATE OF BIRTH  MONTH  DAY  1 991	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DATS HOURS MIN.  YRS.
7 8	SIRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Palli	more city MD.
E	Baltimore	NAME OF HOSPITAL, NUT ING HOME OR OTHER INSTITUTION (IEMSHIN SUCH PROJECT)  HE INSTITUTION GIVE RESUBENCE REFORE ARMY AND	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF	
130.5	SATE JUSSING HOME OR OTHER STATE JUSTING HOME JUSTING H		1949 Che	IN CODE HILL Rd 2122
0	atbey MD	Denbow Jani	MIDDLE	Bentow
	WAS DECEASED EVENIN U.S. ARME		2) Wms/	1430 Benna, ave
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		eline	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 years
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  NOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TELE	Who ease	d years
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES □ NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \  NO \
0.0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART?
18		21e. PLACE OF INJURY 211. LOCATION		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOV	VN COUNTY STATE
MEDICAL	WHILE IN NOT WHILE IT	ottended the desposed from	on death occurred on the do	te and hour and from the causes stated  22c DATE SIGNED
MEDICAL	WHILE AT WORK NOT WHILE AT WORK  220. I certify that (I) (this hospital) sow the deceased alive a above, (I) (we) (did (did in )) v  22b. SIGNATURE	ottended the desposed from	on death occurred on the do	te and hour and from the couses stated  22c DATE SIGNED

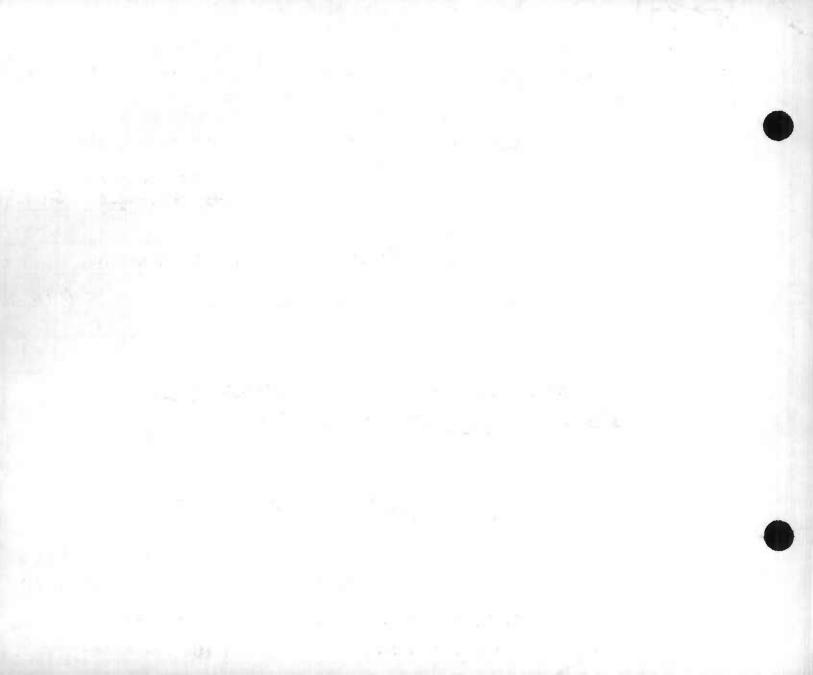
DHMH - 16 50M 4/83 (VRA 15, 4)



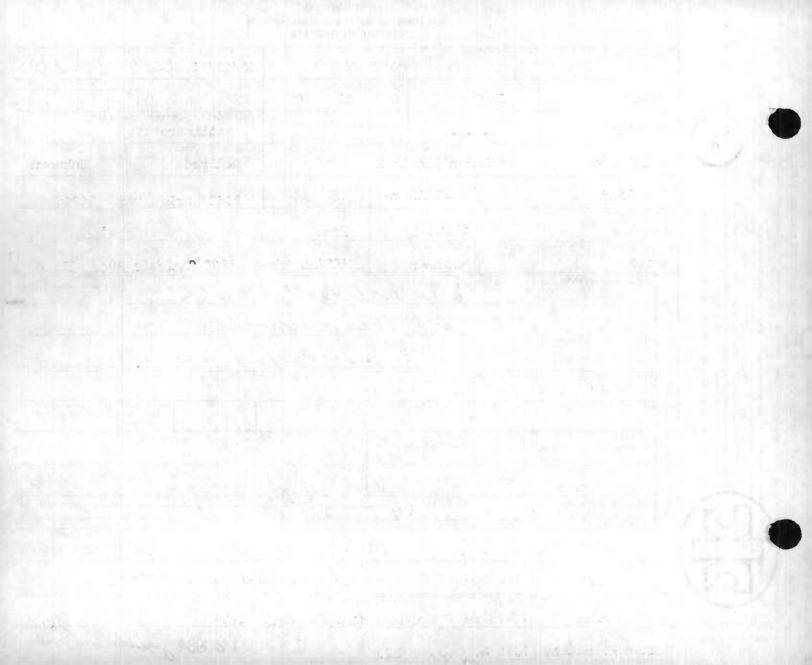
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE ATE OF DEATH REGISTRAR REG. NO MIDDLE . DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) DEATH MATED NELDA WHITE 4 RACE SEX 5. DATE OF BIRTH 6. AGE IN YEARS | IF UNDER 1 YR IF LINDER 24 HRS 2c DATE 2d HOUR 72<sub>YRS.</sub> PRONOUNCED Female Caucasian DEAD 19 84 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Georgia USA WIDOWED DIVORCED WORK THE KIND OF BUSINESS Baltimore CITY OR LOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ON TYPE OF WORK Own Home HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Homemaker Baltimore Hospital 136 COUNTY 30 STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 205 Yoakum Parkway/1805 Virginia Alexandria YESXI 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST John Maude Morris M Thompson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16b SOCIAL SECURITY NO ADDRESS YES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES 579-01-9190 No Frank Clark White same as above 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF NO DXX 210. EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 OULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY STATE FACUTE THE CR...
EXECUTE THE CR...
PAGE 4 SHOULD BE FOK...
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
BALFMORE, MARYLAND, 2127 220 I certify that traak charge of the remains described above, held an Autapsy Inspection death resulted from Homicide L Notural causes Undetermined manner DATE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT ADDRESS\_111 Md Balto. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Bladensburg, Maryland Burial 12/11/84 Fort Lincoln Cemetery 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Demaine Funeral Homes, Inc Alexandria, Virginia

the property of the series of Care the Sugarial Indian, The alexanders, Nicolas a Till does inter-finds

STATE OF MARYLAND



4	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLA EALTH AND M ICATE OF D	ENT AL BY G	IENE 3	3 3	6 5	/
oy be loge 3 death		CEASED NAME FIRST OR PRINT)		MIDDLE	WHORI	LEY		20. DATE OF DEATH 12/10/84	12-10	- 84	26. HOUR A
ge 4 mo)	3. SE)	ale	4 RACE Blace	:k	5. DATE O	F BIRTH	SEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF C	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
eoth. Poe		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER M	ARRIED O	9 BALTIMORE CITY O			MD
of the state of th		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING CHEACHLY, GIVE STREET HOST	ADDRESS)	R OTHER INST	NOITUTI	120. USUAL OCCUPATION OF OF WORKFOR MOST OF THE COMPANY OF THE COM		INDUSTRY	r business or nitnown
24 hour	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL		131. CITY OR TOW	/N	13d. INSIDE CI	TY LIMITS?	13. STREET ADDRESS 2312 Har	lem Ave	2 21	216
ed within		THER'S NAME CEPHEN	WIDDIE	Whorile	y	15. MOTHER'S Emma	MAIDEN NA	MIDDLE		Aller	ı
on and co		VAS DECEASED EVER IN U.S. A FE NO OR UNKNOWN) (IF YES, G LRNOWN	RMED FORCES?	Unknow		17. INFORMAN	am Adar	ns 3103 Ca			21216
n. Os been signed by the ottend os been signed by the ottend operati. Then please remove comprise to burial, cremotion, and any injury, or other traumo	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  AS CVI  19a. DATE OF OPERATION	DUE TO, CO.		ENCE OF P	N	TO THE TERM	200 AUTOPSY?	206. IF YES, W	VERE FINDIN	GS USED OF DEATH?
O HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or ottending physicion TO FUNERL DIRECTOR: After this certificate hishould be detoched for use os the buriol-transit pwith the State Dept. of Health and Mental Hygier WHORTANT: If them 21 is marked or Item 18 show	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMINA 21d. INJURY OCCURRED  WHILE AT WORK AI WORK 22a. I certify that (I) (this has saw the deceased olive a cobove, (I) (we) (did) (did of 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	PIERTH HOUR A	y ofter death 19	FARM EIC)	211. LOCATIO STREET  DEGREE  A P  22e ADDRESS	19 84 (our) opinion	YES NO DE NO	wn , 19, 19 orde ond hour or	COUNTY  84  nd from the c  22c. DATE 5	
TO HOSP retoined 1 TO FUNE should be with the 3 Manual be with the 3 Manual be 1 Manual be		BUTIAL, CREMATION, REMOVA SPECIFY)  BUTIAL JNERAL DIRECTOR		23(		EMETERY OR C	REMATORY  L Park	23d LOCATION CITY OR TOWN	25h DECISTOA	OUNTY Ma	state
DHMH - 16 50M 4/82 (VRA 15, 4)	1	rnon R. Baileu	1348 1	V. Calhou	n St			EC 1 2 1984		avidson-	Mandales



mpletely filled in by the funeral director... and 2 shauld be filed within 72 hours aft

they beautiful at one

STATE OF MARYLAND

FOR - STATE

DEPARTMENT OF HEALTH AND MENTAGHYGIENE

6 3 3

REGISTRAR		CERTIFICATE	OF DEATH	REG. NO	).	
1. DECEASED NAME (TYPE OR PRINT)  FIRE	ST MIDDLE ANN	LAST W	TLKENSON	DATE OF DEATH	MONTH DAY YE	F 26. HOUR
3. SEX	4. RACE	5. DATE OF BIRTH	6	AGE (IN YEARS LAST BIRT		
EMALE	WHITE	10 - 6	9-57	27	YRS.	DAYS HOURS
PENNSYLVANIA		MARRIED NE	VER MARRIED   9	BALT BALT	CITY	Н
BALT	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER	R INSTITUTION 1	SERVICE ME		ND OF BUSINESS
	OME OR OTHER INSTITUTION, GIVE RESIDEN COUNTY 136 CITY (		IDE CITY LIMITS?	STREET ADDRESS	ZIP CODE VASHING TO	#21227 N BLV
MILTON	MIDDLE FE	15 MOT	HER'S MAIDEN NAME	"RUD I		EGÖFF
160 WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCI	AL SECURITY NO. 17 INFO	PRMANT STEPH	EN WILLES	ốN #78 6639 WASH	. BLVD
18 CAUSE OF DEATH (E)	nter only one cause per line for to		ELKRII	DGE, MD 21		PROXIMATE INTERVI
PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTE	WHICH OPERATION WAS F		200 AUTOPSY?	206 IF YES, WERE FI	INDINGS USED
A SCORE OF THE SECOND S	THE CE ALLIEN	100 000	NAME OF THE PARTY	YES NO	YES 🗌	NO 🗆
OD CONTROLUTING CALLER	OF DEATH HOUR A.M. MON	TH DAY YEAR	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PAR	8T 2)
(IF EITHER NOTIFY MEDICALE)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICALE)  AT WORK AT WORK	21e. PLACE OF INJURY	21f LO	CATION STREET	CITY OR TO	WN COUNT	IY S1A
		11 12.0	V	12.16	.00	
	haspital) attended the deceased		19	, to	19	, that (h) (we
	10.//		(my) (our) opinion de	oth occurred on the do		n the causes state
sow the deceosed all obove. (1) (we) (did) (22b, SIGNATURE	ive on 12-16-80 did not) view the body ofter deat	_19 and that in	ATTENDING _	oth occurred on the do	22c. D	n the causes state
abave, (1) (we) (did) (	live on 12-16-8 and did not) view the body ofter death	DEGREE	ATTENDING PHYSICIAN DORESS	MEDICAL STAF	F 12	n the causes state  DATE SIGNED  /16/84
obove, (1) (we) (did) ( 22b, SIGNATURE Ronald	L. Taylon N  (TYPE OR PRINT)  D. R. TAYU	DEGREE  DEGREE  DEGREE  22e AE  23c NAME OF CEMETER	ATTENDING PHYSICIAN DEPT. ME	MEDICAL STAF DIRECTOR PHYSIC	F 12	n the causes state DATE SIGNED  /16/84  /05/
230. BURIAL, CREMATION, REM (SPECIFY) BURIAL	L. Taylon N  OVAL 1236 DATE	DEGREE  22e AE  23c NAME OF CEMETER' AGUDAS ACH	ATTENDING PHYSICIAN DORESS  EPT- ME  Y OR CREMATORY  IM ANSHE SI	MEDICAL STAF DIRECTOR PHYSIC	FIAN 12  SINA!  EDALE BAL	TO.

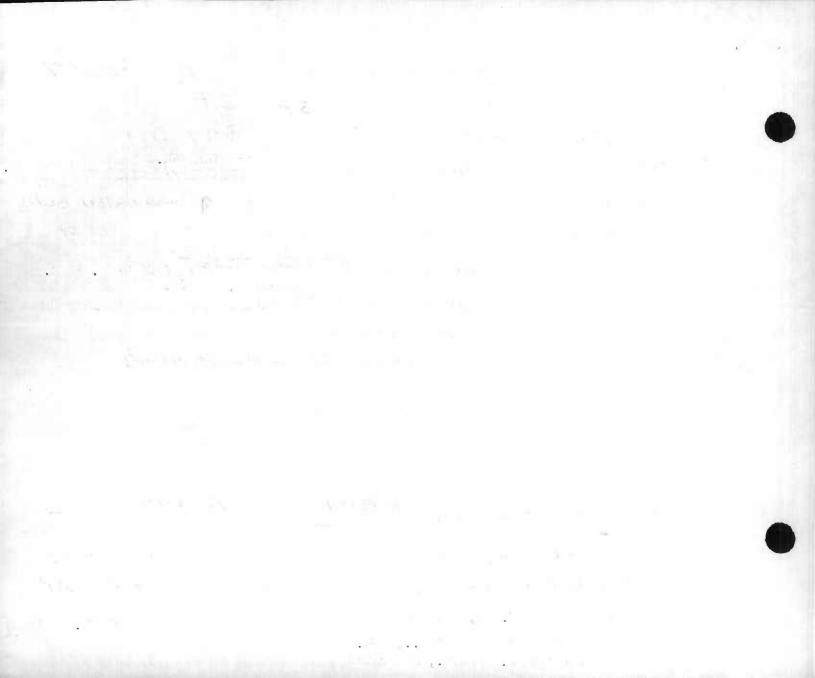
DHMH - 16 50M 4/83 (VRA 15, 4)

6010 REISTERSTOWN RD.

BALTO.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.



FOR - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALY CERTIFICATE OF DEATH	AGIĒŃE
ECEASED NAME	Jo Ann	MIDDLE	Willard	2a. DA

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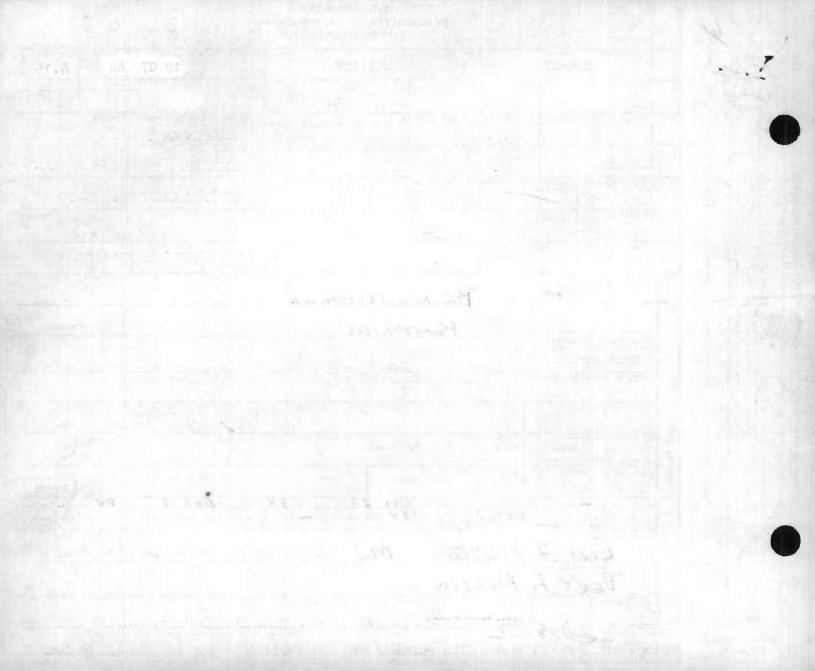
I. DEC	CEASED NAME FIRST	o Ann ^	AIDDLE	Willard	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR				
	OR PRINT)	O AIII	1.11	WIIIard			01	- 30				
			VVI	LLCK!		C- >	04	- PN				
3. SE		4. RACE	5. DATE		6. AGE (IN YEARS LAST BIRT	MONTH	DER I YEAR	HOURS MIN.				
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fl. cl	ITY OR TOWN OF DEATH		OSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR				
K	330mmes	1 1	H FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	DUSTRY					
1			11152:2211		Secretary		Insu	rance				
130. 5	AL RESIDENCE IN NURSING HOME O STATE 1 136 COU		13c. CITY OR TOWN	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	1-0-	181				
7 . 4	nd, Prince	George!	\$148115vill9	YES NO T	39051	201156	NS	1				
/ 14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA								
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	3905 Francis				y Pickett			-				
	WAS DECEASED EVER IN U.S. AL		166 SOCIAL SECURITY NO.	17 INFORMANT	AD26	00 Brink	lev 1	Road				
No		VE WAR OR DATES)	578-42-8626	Dorothy P. T	homoson Ft	Washir	aton	. MD				
-	N/A 578-42-8626 Dorothy P. Thompson Ft. Washington, MD  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH											
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	-	BETWEEN	INSET AND DEATH								
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	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF											
	underlying couse lost. (c)											
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z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To											
CERTIFICATION							WEDE ENIDINGS USED					
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	OR CONTRIBUTING CAUSE OF DE	- 110110 4	M. MONTH DAY YEAR									
V	(IF EITHER NOTHY MEDICAL EXAMINE	R) P.	M. 19		THE COLD IN CO							
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	AT WORK			1-77.01	17	-7	3 A					
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	saw the deceased ofive or obove. (1) (we) (did) (did no	nt) view The body	ofter death	and that in (my) (our) opinion	death occurred on the do	te and hour and	from the	touses stated				
	obove, (I) (we) (did) (did not) view The body ofter death.  22b. SIGNATURE  DEGREE											
	ATTENDING MEDICAL STAFF											
1	PHYSICIAN DIRECTOR PHYSICIAN 12 3 0											
	224 PHYSICIAN'S NAME TYPE	TYPE CORPT										
	LG415 =	OLON	76W	UNIVES	25 17 1	050172	-1					
22- 6	BURIAL, CREMATION, REMOVAL	23b. DATE	122. NAME OF	CEMETERY OR CREMATORY	23d LOCATION							
	(SPECIFY)				CITY OF TOWN	cou	YIMI	STATE				
	remation	December	4, 1984 Lee'	s Crematory	Clinton	, Maryla	nd					
24 Ft	UNERAL DIRECTOR Lee	Funeral	Home, Inc.	25a. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNAT	URE				

MPORTANT: If Hem 21 is morked or them 18 shows any injury, or other troumotic event, the

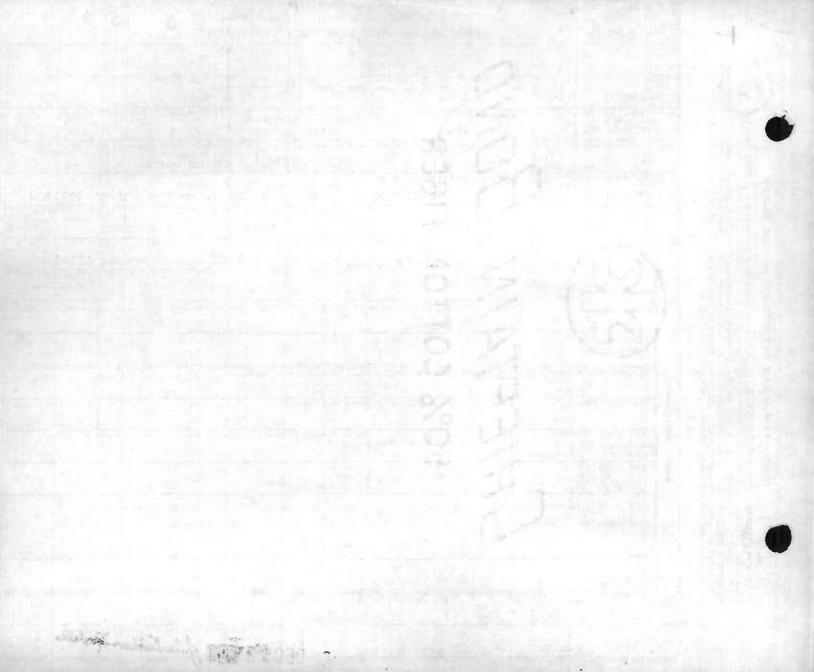
(VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

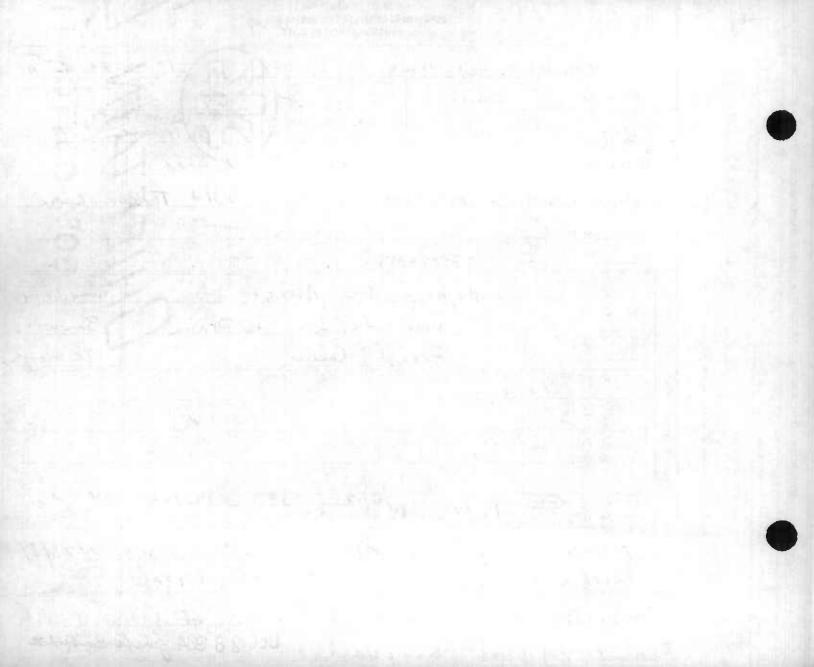
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL BYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ROBERT WILLETT MICHAEL DEC 1981 IF LINDER 24 HPS 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX TAN 20, 1908 WHITE MALE JE BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED U.S.A. BALTIMORE CITY MARYLAND WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 12¢ USUAL OCCUPATION MACHINIST (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS KOPPERS CO. BALTIMORE ST. AGNES HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY BALTIMORE 13d INSIDE CITY LIMITS? 132339 ANNAPOLIS RD. 21230 MD YES X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST LAST MIDDLE HARRISON J. WILLETT ROSALEE WINKLER ADDRESS 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. -IN-LAW) 7959 CASTLE HEDGE DELL (YES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) NO N/A 216.09.4188 GLEN BURNIE, MD WILLIAM FONTS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY DRONCHO PNEUMONIA IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF ERITONITIS Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 96 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES L NO [ 71m ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DIVISION OF VIT 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71e PLACE OF INJURY 21f LOCATION ö 214 INTURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that +th (this hospital) attended the deceased from DEC 8 4 and that in (my) (and opinion death occurred on the date and hour and Irom the causes stated saw the deceased olive on. above, (1) (we) (did) (did not) view the body after death 226 SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be detor with the State [ IMPORTANT: If DIRECTOR PHYSICIAN 22e ADDRESS 0 23e. BURIAL, CREMATION, REMOVAL 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN BP. DEC. 10, 1984 Glen Haven Mem. BURIAL Park Glen Burnie 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Glen Burnie, Md Singleton Funeral Home i audson-Randole (VRA 15, 4)



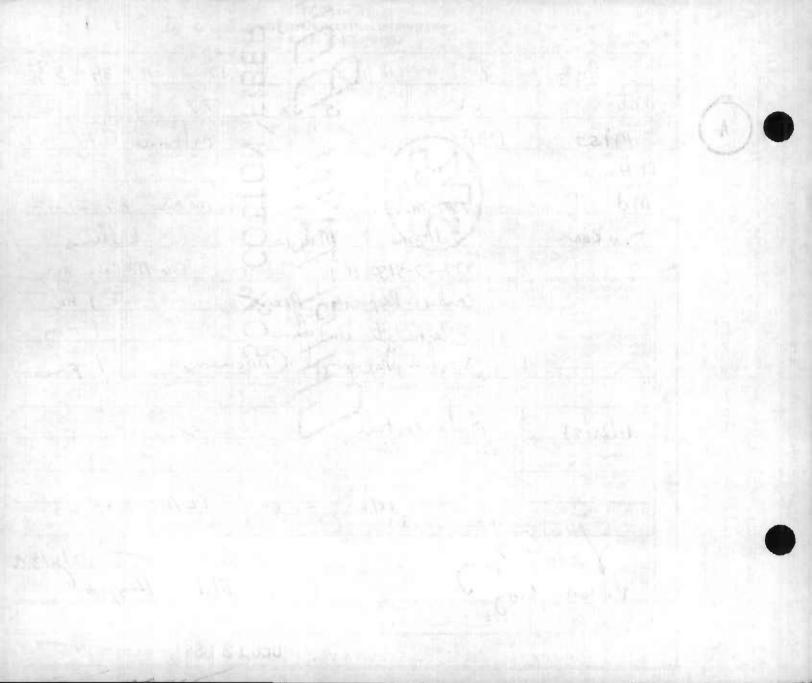
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ARTON TO THE REAL PROPERTY.	3. SEX	(	4 RACE	S. DATE OF BIRTH		6 AGE (IN YEA	RS IF UN	DER 1 YR. IF UNI	DER 24 HRS.	20 DATE	-OUN-	MONTH	DAY YEA	24 HOUR 5:00
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和最多差别了。	FC	RTHPLACE (51		76 CITIZEN OF WI		TRY?		ED NEVER MA		9. BALTIM	ORE CITY	OR COUN	Y OF DEATH	
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JRS AFTER S. GIVE PA WITH FOR VITH FOR DIVISION	160 V	es. no, or unkno No	DEVER IN U.S. AR	WAR OR DATES)	16b. SOC	CIAL SECURITY		17. INFORMANT	- 20	10 D-	ADDRES		. 07077	
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ESTON ST IIN 124 HO IN INEM I SIT PERMI HYGIENE, MOVAL.	12	200	O IMMEDIA	TE CAUSE (a)		NSEQUENCE C		1 Injury						
L RECORDS, 201 W. PRESTON ULD BE EXECUTED WITHIN 24 H "PENDING" IN PENCIL IN ITEM F MEDICAL EXAMINER ALON ED ASA BURIAL TRANSIT PER HEALTH AND MENTAL HYGIEN IL, CREMATION, OR REMOVAL			ns, if ony, which			1004001100								
W. P.			se to immediate stating the under-		AS A CON	NSEQUENCE C	)F						-	
SON, MEXAPONE		lying cau	se last.	(c)										
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S CERTIF S CERTIFUS RAPED TO SE 3 SHORE TE DEPARE	MED	21d INJURY C		STREET, FAC	TORY, FARM, E	(AT HOME,	SI	TREET	0.1	CITY OR TOV	WN .	C. (CO	YTAU	STATE
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E EXAMINER: THIS CORTIFICATE, WAS DULD BE FORWAR PAGE FOR HESTAT MARYLAND, 212	1	22a. 1 certi	ly that I taok charg	ge of the remains des			[ Autaps	y X Inspe	ction .	Inquiry	L 0	and in my ap	inian	
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PER COUT	133	EXAMINER'S (TYPE OR PRI	NAME Gr	egory R.	Kauff	man, M	.D.	ADDRESS 11	1 Penr	n St.				
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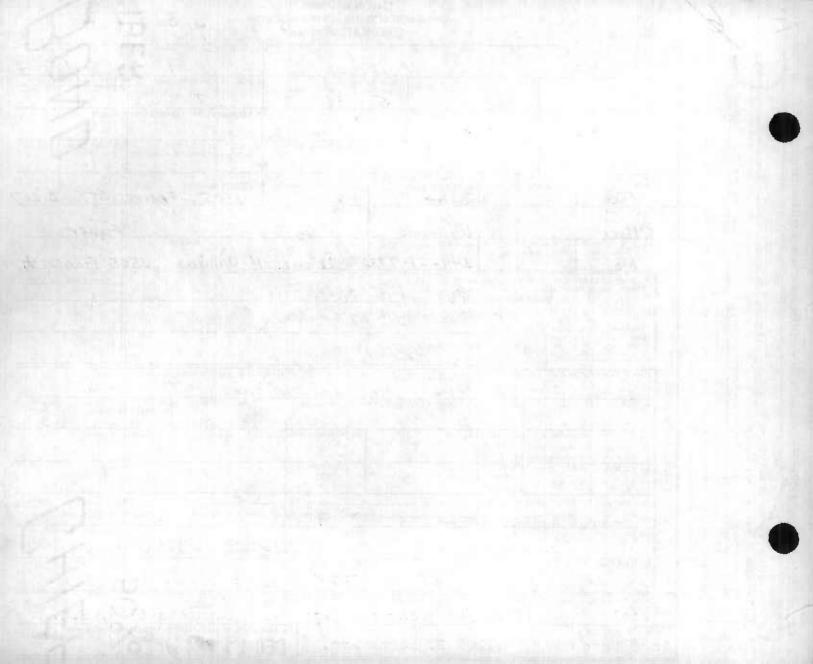


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		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
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250		CRESIDENCE (IF NURSING HOME OF	C 01	- Carrie				
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ar ath		underlying couse lost.	1 10 ORA	- phar	zynged C	ARchemy		1 year
nju ry.	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	AG IODEATH RUI	NOT RELATED TO THE TERM	MIN AL DISEASE OR CON	DITION GIVEN IN PA	IRI IIo
ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE F	FINDINGS USED AUSES OF DEATH?
4	RTIF	11/29/87	MAIR	ntrity		YES NO	YES 🗌	NO 🗌
9		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	(RT 2)
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19	214 LOCATION		VIII WELL	
	MEC	21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY	OFFICE, FARM ETC.)	21f LOCATION STREET	CITY OF TO	OWN COUN	STATE
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1		sow the decroped place on	12.11	10 84 00	id that if (my) our) opinion		ate and hour and tro	m the couses stated
E		226 SIGNALUIE	of the body after death		DEGREE		220	DATE SIGNED
T. T.		Yuch	Ihm		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (2)	12/4/81
IMPORTANT		22d PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	Lml	Hesa	4
₹ —	23a B	URIAL CREMATION, REMOVAL	123b DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION	10-)[1	102
	-	Burial	12/15/84	Mt. Z	ion Cem.	Landsd	wn, Md.	STATE
A 7/84		NERAL DIRECTOR	A	DDRESS	111	TE REC D. BY REGISTRAR LC 1 2 1984	25b. REGISTRAR'S SI	GNATURE
1)		Wm C March F	/H 1101	E. Nort	h Ave.	FOT 9 1200	1	•



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	à à	Ď	3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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	od . p	75 15		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		Y OF DEATH
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RYL	3 0.	7 Salune	14 FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	NIDDLE	TZALI
MA	pat dun	300		Oliver	William	es Cora		Fuller
ORE,	xecu	Poges		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
T W	e e e	S 8		No	249-07	1-9732 Delane	H. Williams 2	505 Frances St
BAL	cate	oper ovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for 197, (b), on	1.1 / 01.1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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NO	ath c	natic			DUE TO, OR AS A CONSEQUE	ENCE OF MEDIA BRRE	551	
RES	de de	trau		Conditions, if any, which gove rise to immediate	(b)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	of the	ather		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUI	ENCE/OF 1)		A CONTRACTOR
201	es th	plea vrial,		PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	PANNAL DISEASE OF CONDITION GIV	VEN IN PART 115
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AL RE	an.	ows 7	TIFIC					FYING CAUSES OF DEATH? ES \( \bigcap \) NO \( \bigcap \)
VII.	N. T.	Hygin Hygin	CER	710, ACCIDENT WAS UNDERLYING	T LIGHT A LL ALGERTIN D	216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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	OR ATTEN e haspital DIRECTOR	t. of m 21			t) view the body after death.		in death occurred on the date and ha	
		Oche H He		226. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
	by 1	Stote		22d. PHYSICIAN'S NAME (TYPES		PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	
	O HOSPITAL etained by 11 TO FUNERAL	should be d with the Sto		1/2. Th. 1 1 1 1	i been ma	772 6	611- 0-	
	0 g 0	Sho Sho	23a B	URIAL, CREMATION, REMOVAL	73b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	123d LOCATION	
	BP			Jrial		Sawmill Bapt Ch	CITY OR TOWN	110 S C
				INERAL DIRECTOR		25a. D.	Bennettsvi  ATE REC'D. BY REGISTRAR 256 REGIS	
	DHMH - 16 5 (VRA 15			n C March F/F	H 1101 E. N	orth Ave.	FC 1 1 MA JUNE	Day down and
						- U	2 2 11803	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

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ı	- STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO				
	DECEASED NAME FIRST MIDDLE		LA	ST	20 DATE OF DEATH	YEAR	26 HOUR		
L	Fannie	E. V	E. Williams			12 20	84		м
1	Female	4 RACE Black	5 DATE OF	F BIRTH 1922	6. AGE (IN YEARS LAST BIRTH	MONTH		HOURS MIN	_
	BIRTHPLACE (STATE OR FOREIGN North Carolina			NEVER MARRIED XX	PALTIMORE CITY OR COUNTY OF DEATH Baltimore City,				
	CITY OR TOWN OF DEATH Baltimore	THE MOST INTO CHICKLES CHIEFLY COME COME	TAL, NURSING HOME OR OTHER INSTITUTION  TX GIVE STREET ADDRESS!  OTH St.		126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
411	USUAL RESIDENCE (IF NURSING HOME OF 136 COU!		WN I	13d. IN SIDE CITY LIMITS? YES YOU	1913 E. 36	zip cope th Stre	et 2	1218	
P	James First	FIRST MIDDLE IAST			beth Deshazo				
1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY (15 NO OR UNKNOWN) (15 YES, GIVE WAR OR DATES) 219-30-92!			Thelma J. Owens 1913 E. 30th Street					
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	190 DATE OF OPERATION  No.  210. ACCIDENT WAS UNDERLYING				200 AUTOPSY?  200 IF YES, WERE FIT IN CERTIFYING CALL  YES YES YES				
	OR CONTRIBUTION COLOR	HOUR A.M. MONTH DAY YEAR P.M. MENE . 19			RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)				
	TO CONTINUE TIME TO THE TIME ROOT BY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC		21E LOCATION STREET	CITY OR TOWN		COUNTY	STATE	
	220 1 certify that (1) (this hospital) attended the deceased from, 19, to, 19, that [1) (we) sow the deceased alive an							ost	
	ASSIGNATURE ASSIGNATURE ND ATTENDING MEDICAL STAFF 12/21/84								4
	Dr. A. SIRITHARA M.D BALTIMORE, MD 21218.								
2	30 BURIAL, CREMATION, REMOVAL (SPECIFY)			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COL	UNIY	STATE	
-	Burial	12/24/84 F	Baltimo	re Cemetery	Baltimore	, Maryla	and	os d a 90 -	
24 FUNERAL DIRECTOR 250 DAY REGISTRAR 250 REGISTRAR 3 SIGNATION AND AND AND AND AND AND AND AND AND AN									

DHMH - 16 50M 4/83 (VRA 15, 4)

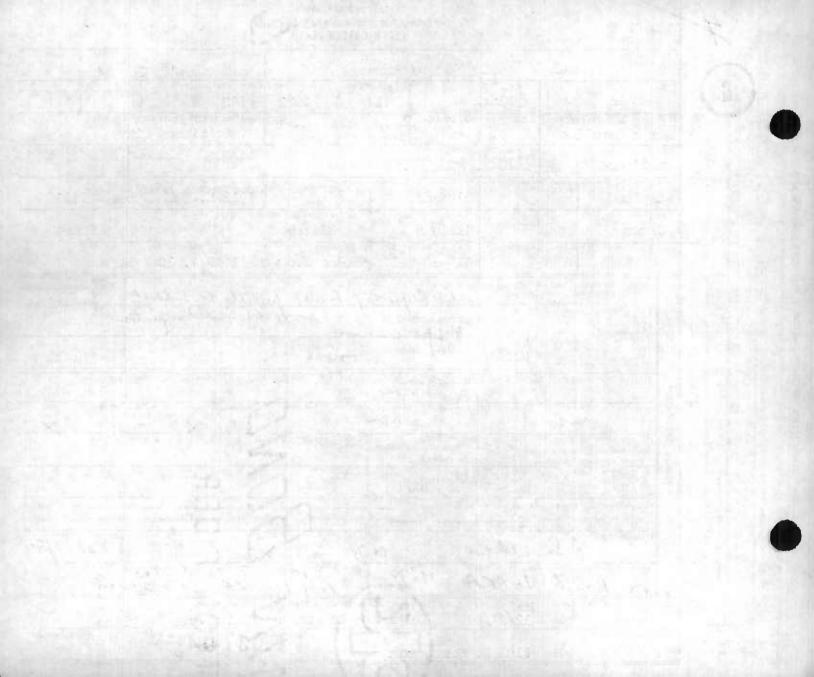
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TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation, morked or Hem 18 shows ony

MPORTANT: If hem 21 is

TO HOSPITAL OR ATTENDING PHYSICIAN The law

Wm C March F/H 1101 E. North Ave. UEU 2 1 1864 guna Davidson Sp



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE FOR - STATE MEDICAL EXAMINER'S CERTIF REGISTRAR DECEASED NAME 20 DATE KNOWN 2b HOUR (TYPE OR PRINT) OF ESTI-WILLIAMS (JR) DEATH MATED 2, AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
SHOULD BE FILED, WITHIN 72 HOURS
AL REGORDS, 201 PRESTON STREET, E. FRANK 151984 3 SEX 4 RACE 5. DATE OF BIRTH AGE IIN YEAR IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 8:50 a 10 3 84 Black DEAD Male 15 1984 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Md. WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH TI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Provident Hospital Baltimore HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS USUAL RESIDENCE HE IN NURSING 134 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS BALTIMORE, MD, 2120 Balto. 3605 Reistetown Rd Md. YES X ND 2 SE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE T. PAGES 1 AND DIVISION OF YE Cornish William > Jr. E. Roxanna Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO ADDRESS IYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Frank Williams, Jr. 3605 Reisterstown Rd 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In USED AS A B CERTIFICATION DED TO THE USED AT EDEPARTMENT OF HEAD TO BURIAL, C 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 12-15-84 SIGNATURE TO MEE EXECUT PAGE 4 EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Catonsville, Md. Westview Mem. Pk. Cremation 12/20/84 BP 07/84 25M 24 FUNERAL DIRECTOR 250 REGISTRAR'S SIGNATURE DELLE **DHMH - 17** Wm "C" March F/H 1101 North Ave (VR A15 ME (5))

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE &

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REG	NO				

REGISTRA	R		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NA	ME FIRST	WIDDLE	LA .	20. DATE OF DEATH MONTH DAT	Y YEAR 26 HOUR
(TYPE OR PRINT)	Fred	Lee	Williams	1- 0/	9:450
3. SEX	1100	4. RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
male		white	MONTH DAY YEAR	49	INTHS DAYS HOURS MIN
/			11 2 35	9 BALTIMORE CITY OR COUNTY O	DE DE ATH
BIRTHPLACE		76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	SALTIMORE CITY OR COUNTY O	PUEATR
Mary1	land	USA	WIDOWED DIVORCED	BAltimore	City N
10 CITY OR TOW			SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126 KIND OF BUSINESS O
Balti	Lmore /	"Struck Agnesia	"Hospital	Systems Anna	1
		OTHER INSTITUTION, GIVE RESIDENCE BEF			
13e. STATE	13% COUN			13e.STREET ADDRESS / ZIP CODE	Cirala 212
MARY .		timore Haleth	NOTE YES NO X	937 Stormont	circle ziz.
FIRST		MIDDLE LAST	FIRST	MIDDLE	LAST
Fred	Lee Wil	liams,Sr.		. Heimrich	
160 WAS DECEA	SED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
ves		rea 212-32	2-7808 Mrs. Zanak	oa Williams 937	Stormont (
	OF DEATH (Enter on	nly one couse per line for (a), (b),		,	APPROXIMATE INTERVAL
PART I.	DEATH WAS CAUSE	DBY: A Sound		my E metastasi	THE THE PERSON OF THE PERSON O
	IMMEDIA	TE CAUSE (o)	Acceptation of the Acceptation o	The state of the s	1
		DUE TO, OR AS A CONSEC	DUENCE OF	, 0	
	s, if ony, which	(b) 7.+	yper cal elmi	a	
couse (	e to immediate  o), stating the	DUE TO, OR AS A CONSEC	DUENCE OF .	101	0.00
underlying	g cause last.	1 10 Comps	ressien Fracture	I the pine	
PART 2 O	THER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITION GIVEN	V IN PART 110
No.					
CERTIFICATION 19a DATE C	OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED
표 11/	22/14	Dec mu LAPARIO	n G-4-5 Laminector		NG CAUSES OF DEATH?
21a ACCIDE	NT WAS UNDERLYING	7 21b TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
00.00-12010	UTING CAUSE OF DEA	LICUID A MA MONITUL		TENTER NATIONE OF INJURY IN VIEW TO FAR	TON PARTY
(IF EITHER	NOTIFY MEDICAL EXAMINER		19		
A	YOCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE AT WORK	NOT WHILE		,		
22a 1 certif	fy that Withis hospi	ital) attended the deceased from		4, 10 12/26, 19	that un (we) lo
sow t	he deceased alive on	12/2-6 ht) view the body ofter death.	84, and that in (my) (our) opinion	death occurred on the date and hour o	and from the couses stated
22b. SIGN		r) view the body offer death.	DEGREE		22c. DATE SIGNED
	Inclacke	w Woreta		MEDICAL STAFF	12/76/51
224 BUYCE	CIAN'S NAME (TYPE O		PHYSICIAN (	DIRECTOR PHYSICIAN	1. 120/80
		WORE		- 11-11-11 1	NIN 118212
14147	BACHEW	WO KE	ol. MGNE	5 HOSDITAL BI	10, 170 212
	MATION, REMOVAL		L. NAME OF CEMETERY OF CAFMATORY	23d. LOCATION	
Buria	al	12/31/84	Loudon Park Ceme	. Baltimore	Balto. Md

DHMH - 16 50M 4/83 (VRA 15, 4)

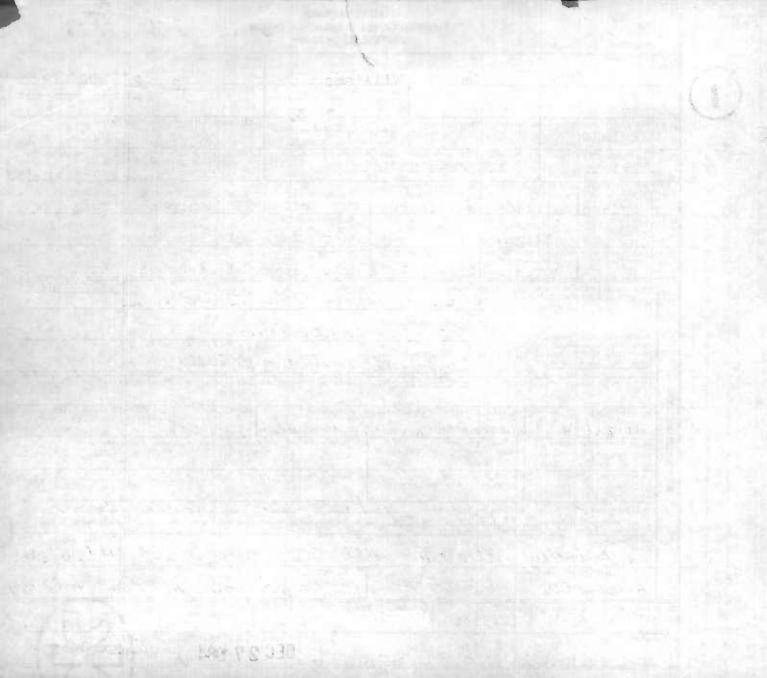
24 FUNERAL DIRECTOR

BP.

should be detached for use as the burnal-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bi TO FUNERAL DIRECTOR After this certificate has be

Ambrose, Inc. 1328 Sulphur Spring Rd.

250 DATE REC'D. BY REGISTRARISTS REGISTRAR'S SIGNATURE
DEC 27 1984 Junia Sandon-Ambare



4	-					STAT	E OF MARYLA	ND							
		FOR STATE REGISTRAR				CERTIF	ICATE OF D			REG. NO		3	7	6	
		CEASED NAME	GRAYSO		rry		LIAMS,	Sr.	20 DATE O	Decem		2,	1984	3:25p	M
	1. SEX	C		4 RACE		S. DATE C		YEAR	6. AGE (IN	YEARS LAST BIRTI	DAY)	IF UND	ER I YEAR	IF UNDER 24 HRS	-
	Má	le		Whi	te	4	5	1919	65		YRS.	MONTHS	DATS	HOURS MIN	
		RTHPLACE (STATE	ORFOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER M	ARRIED T		ORE CITY OF			EATH		
1	Ma	ryland		U.S		WIDOWE	DIV	ORCED 🔀	BA	ALTIMO	RE CI	Ty		N	ND.
3	BA.	TY OR TOWN OF I		VANMED	TCAIL GUEST	ER BA			(TYPE OF WOR	OCCUPATION FOR MOST OF Ainter	WORKING LI	FE) IN		BUSINESS O	R
5	13a S	ryland	13h COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Dundal	N	13d. INSIDE CI	TY LIMITS?		ADDRESS /			21	222	
5	IE. FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S	MAIDEN NA	WE	MIDDLE			IASI		
Y.		Harry		E.	William	s		sie					Mars	ton	
		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECUI		17 INFORMAL	VĪ		ADDRES	52060	) Ke	elmor	e Road	
-	Ye	s	WW	II	217 03 2	131	Grayso	on H. W	illiar	ms, Jr.	-Balt	.0.		21222	
John College		Conditions, if o gave rise to couse (a), stunderlying co	IMMEDIATION, which immediate ofting the	DUE TO, OF	R AS A CONSEQUE	Pul NCE OF In-	Ol	ane	C	4			BETWEEN	MATE INTERVAL INSET AND DEATH	
	NOI	PART 2 OTHER S	IGNIFICANT C	ONDITIONS <u>CC</u>	DNTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	SE OR COND	ITION GIV	EN IN	PART IIo		
2	CERTIFICATION	19a DATE OF OPE	RATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTO	OPSY?		S, WER	E FINDIN CAUSES	GS USED OF DEATH?	
9		210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	CAUSE OF DEAT	,,	M. MONTH DA	Y YEAR	21c HOW INJ	IURY OCCURR	ED (ENTERN	ATURE OF INJURY	IN ITEM 18	PART 1 O	R PART 2)		
ž	MEDICAL	21d. INJURY OCC	WHILE WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATIO STREET	Ν		CITY OR TOW	N	cc	YTAUC	STATE	
		sow the dece above, (X) we	(K(this hospit cased alive an e) (did) (K(X))	ol) attended the Decemb	e deceased from	4, ar	nd that in XX (	., 19 <u>84</u> aur) opinion c	, to death accurre	ed on the dat	7 <u>12</u> , e and hav	19 <u>84</u>		hoX(I) (we) la auses stated	st
1		STATION .	and	~	ME	5		ITENDING HYSICIAN	MEDICAL DIRECTOR			2:	L T	11218	_

BP\_\_\_

DHMH - 16 50M 4/B3 (VRA 15, 4) 130. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)

7922 Wise Avenue, Dundalk, MD

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Baltimore

Maryland

Burial 12/17/84

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

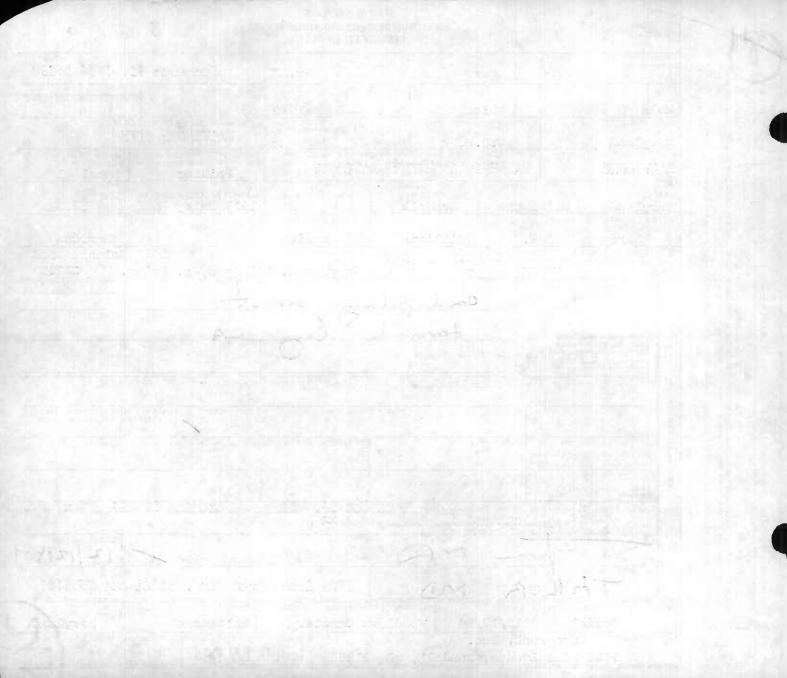
Woodlawn Cemetery

21222

EC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATU

3900 Loch Raven Blvd. Baltimore MD 21218

DEC 1 7 1984



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DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE

## STATE OF MARYLAND

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EPARTA	AENT	OF	HEALTH	AND	MENTAL	HY GENE 4
					DEATH	

REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE OF DEATH 26 HOUR TYPE OR PRINTS 1:056 KARL CECIL WILLIAMS 3. SEX 4. RACE 5 DATE OF BIRTH LIN YEARS LAST BIRTHDAY IF UNDER LYFAR MONTH MALE WHITE 02 28 18 66 YRS To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CLTY OR COUNTY OF DEATH MARRIED NEVER MARRIED

VIRGINIA U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE ODD JOBS LABORER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1541 COX STREET 21211 YES X NO

14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE F. WILLIAM WILLIAMS MARY WARBLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT HARRISONBURG, VA. I TNDGEV FINEDAI HOME 4.72

PART I. DEATH WAS CAUS	nly one couse per line for 10), (b), and (c) ED BY: TE CAUSE 10). Cardine urrest	BETWEEN ONSET AND DI
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	

UDSTRUCTIVE 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20n AUTOPSY IN CERTIFYING CAUSES OF DEATH?

NOI YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER! P.M. 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM ETC 1 CITY OR TOWN

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED

ATTENDING DIRECTOR PHYSICIAN F 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN

REMOVAL/BURIAL 01-03-85 OLIVET

ROCKINGHAM

STATE

STATE

VA

BALTO., MD. 21229 ADDRESS

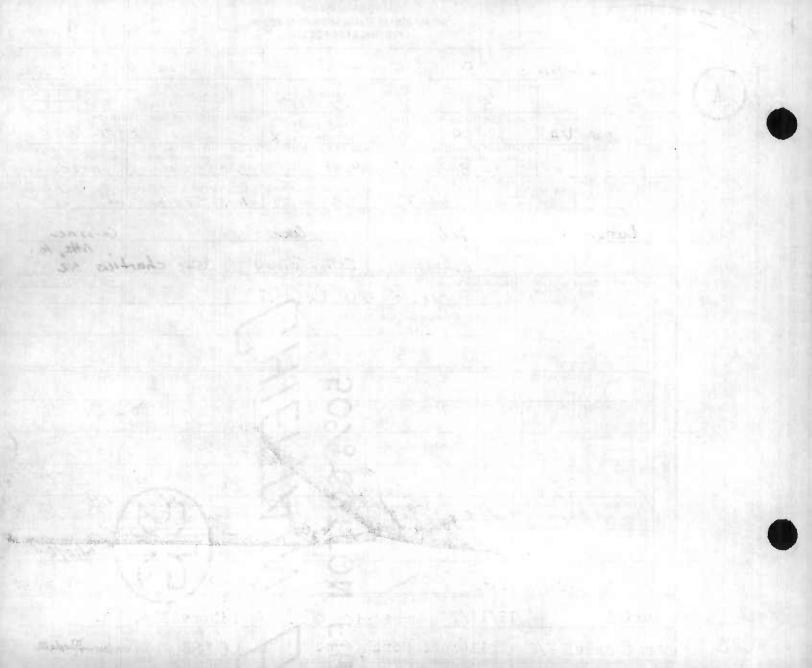
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

NOT WHILE

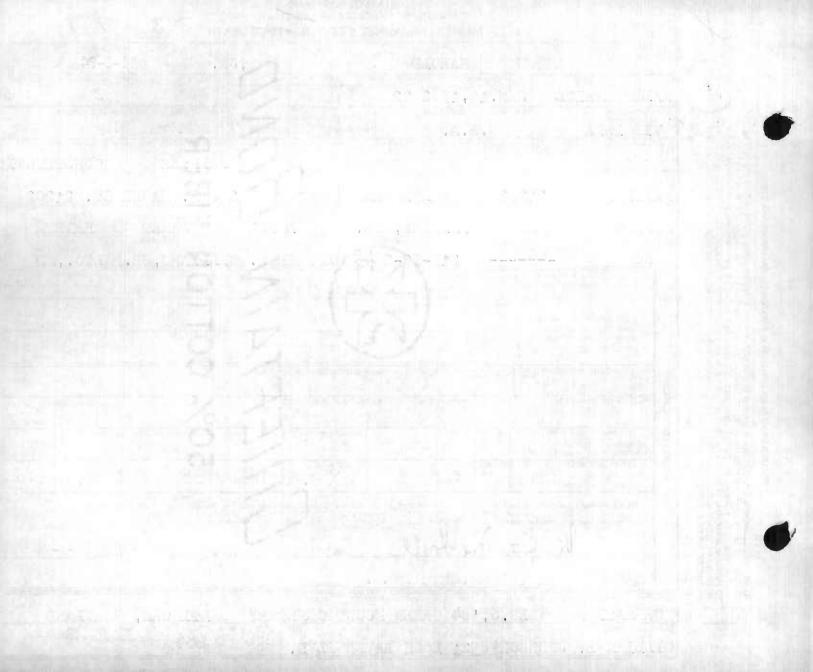
24 FUNERAL DIRECTOR

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7						OF MARYLAND				
	1.	FOR STATE REGISTRAR		DEPARTM		CATE OF DEATH	IENE REG. NO	3 3	1	3
		CEASED NAME FIRST	MIDE	DLE	LA	ST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
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A )	3. SE	×	4 RACE		5. DATE O	F BIRTH DAY YEAR 17 15	6. AGE (IN YEARS LAST BIRT	HDAY) IF UI	HS DAYS	IF UNDER 24 HRS. HOURS MIN.
uneral at onc		RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WH	4	8	□ NEVER MARRIED □	9 BALTIMORE CITY O		-	£ 177 MC
by the fune iled within		BALT.	(IF NOT IN SUCH FA	CILITY, GIVE STREET		HOSP.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	WORKING LIFE)	26. KIND OF NDUSTRY	BUSINESS OR
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ond 2 sh	14. F.	ATHER'S NAME	MIDDLE	n - c		15. MOTHER'S MAIDEN NAM	ME		LAST	
	140.	WAS DECEASED EVER IN U.S. AF	MED FORCES? 116	SOCIAL SECU	RITYNO	17 INFORMANT	ADDRE	SS	Corpe	il- a
Poges			VE WAR OR DATES)	215-229		Esther Brow		1 1	11.	70, Pa 1
ne attending physicia emove corbonpopers mation, or remavol. r troumatic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gove rise to immediate cause [al], stating the	DUE TO, OR A	CARĎO S A CONSEQUE S E I	10 - P.	ESP. ARRES	7		APPROXIM BETWEEN O	MATE INTERVAL NSET AND DEATH
or to buriol, cre	NOI	underlying cause last  PART 2 OTHER SIGNIFICANT	(c)	S A CONSEQUE	?	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVEN	IN PART I (a	
ows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WIN CERTIFYING	G CAUSES (	
Mentol Hygin Item 18 sh	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTHY MEDICAL EXAMINE  714. INJURY OCCURRED	ATH HOUR A.M.	MONTH DA	AY YEAR	21c HOW INJURY OCCURE 211. LOCATION				
os me th ond arked	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET,	FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	VN	COUNTY	STATE
of Heal		220.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no	/			d that in (my) (our) opinion (	deoth occurred on the do	ite and haur an	d from the co	
State Dept		276. SIGNATURE	renger			ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F IAN 🔯	22c. DATE S	10/84
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s 3 ≤	23a.	BURIAL, CREMATION, REMOVAL			NAME OF CE	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		DUNTY	STATE
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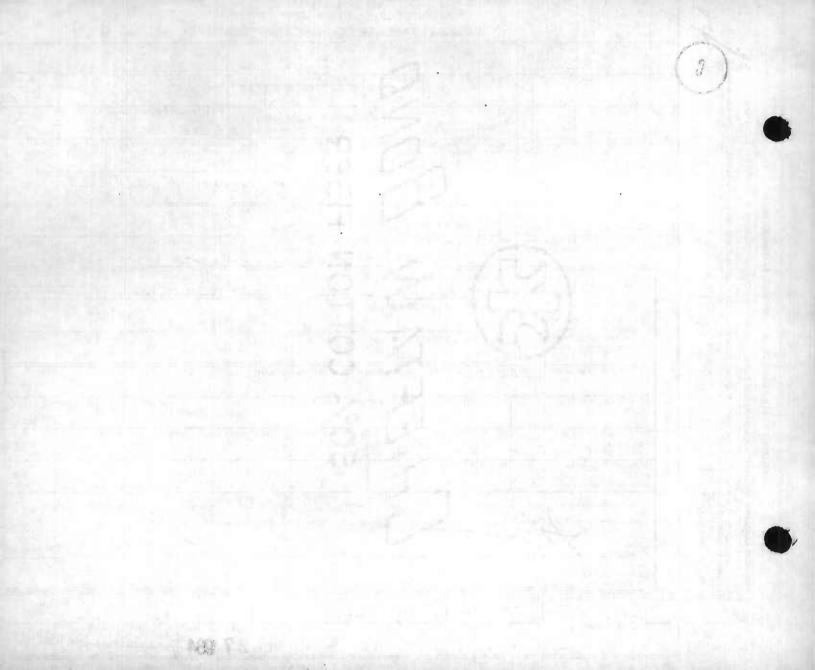


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME WILLIAMS , JR DEATH MATED 12-3 KENNETH HAROLD 4. RACE 3 SEX & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY 1:52P MALE MHITE JAN. 10, 1962 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Y FOREIGN COUNTRY Baltimore City VIRGINIA U.S.A. DIVORCED 1. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Francis Scott Key Medical Center PAINTER CONSTRUCTIO Baltimore 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21202 BALTIMORE 200 E. EAGER ST. 21202 NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE KENNETH WILLIAMS, SR. ELAINE JANET HEIBER 219-92-2845 KENNETH H. WILLIAMS, SR. BALTO., MD NO BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a ICATE WRITE F FORWARDED TO THE CTOR: PAGE 3 SHOULD BE USED AN STATE DEPARTMENT OF HEA PROPERTY TO HEAD 198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 self/inflicted UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE-OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 F 1130 S. Highland Avenue Baltimore, Maryland WHILE AT WORK AT WORK 228. I certify that I taok charge of the remains described ob (HEAD) ON (So) sy Suicide X TITLE (SPECIFY) ACTUAL 12-4-84 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 111 Penn Street Margarita A. Korell, M.D. 23c NAME OF CEMETERY OR CREMATOR 23d. LOCATION CREMATION DEC. 6. 84 GREEN MOUNT CEMETERY BALTIMORE. MARYLAND 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MADE 24 FUNERAL DIRECTOR **DHMH - 17** WILLIAM E. JOHNSON\*8521 LOCH (VR A15 ME (5))

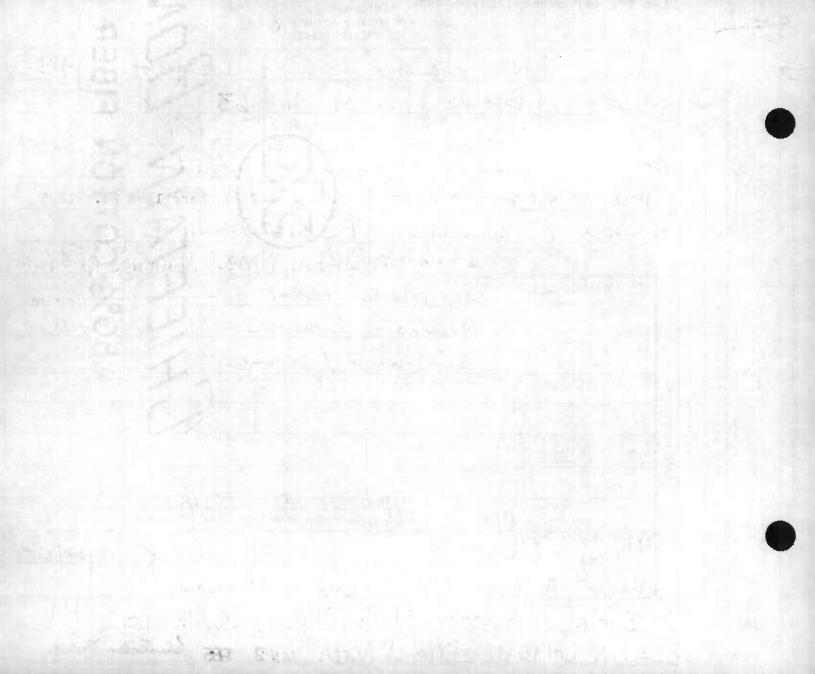


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH DAY TYPE OR PRINTS OF ESTI-RAYMOND WILLIAMS 4. RACE A AGE IIN YEARS IF UNDER 1 YR IF UNDER 24 HRS YEAR LAST BIRTHDAY PRONOUNCED 19 19 84 9:45E DEAD Male Black 61 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATEOR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore WIDOWED [ DIVORCED City Alaska ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126, KIND OF BUSINESS Johns Hopkins Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Md. 136 COUNTY 13d INSIDE CITY LIMITS? 132 STREET ADDRESS ne St. 21218 1B. GIVE PAGES 1, 2 AND S. WITH FORM PM 3. RET AND 2. SHOWN PAGES 1 AND 2. SHOWN PAGES 1. DIVISION OF VITAL RECOVERY. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE LAST MIDDLE Williams Raymond Sr Rosa Hunt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-84-4757 Romona Barksdale 2614 Boone St 18 'CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ACC 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - IRRANSIT PERMIT. AFTER DEATH, WITH "THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of chest Weapon: unspecified DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES (X) NO T 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 8: 43P.M. 1984 subject shot 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK street 1200Blk N. Milton Ave, Baltimore City, MD AutopsyXX 228 I certify that I took change of the remains described above, held an Inspection Inquiry and in my apinion Homicide XX Undetermined manner death resulted from: TITLE (SPECIFY) ACTUAL 12/20/84 M Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, MD ADDRESS 111 PennStreet, Balto, MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY STATE 12-27-84 Buri 1 Md. National Balto. Md. 07/84 256 DATEREC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 25M **DHMH - 17** Frelia Davidson-Randala C. March F/H 1101 E. North (VR A15 ME (5))

STATE OF MARYLAND



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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECT	I CArri	011 17018	R W.Nort	AVE DATE	REC'D. BY REGI	STRAR 256. REGISTR		JRE delle



DIVISION OF VITAL RECORDS

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DHMH - 16 50M 4/83

(VRA 15, 4)

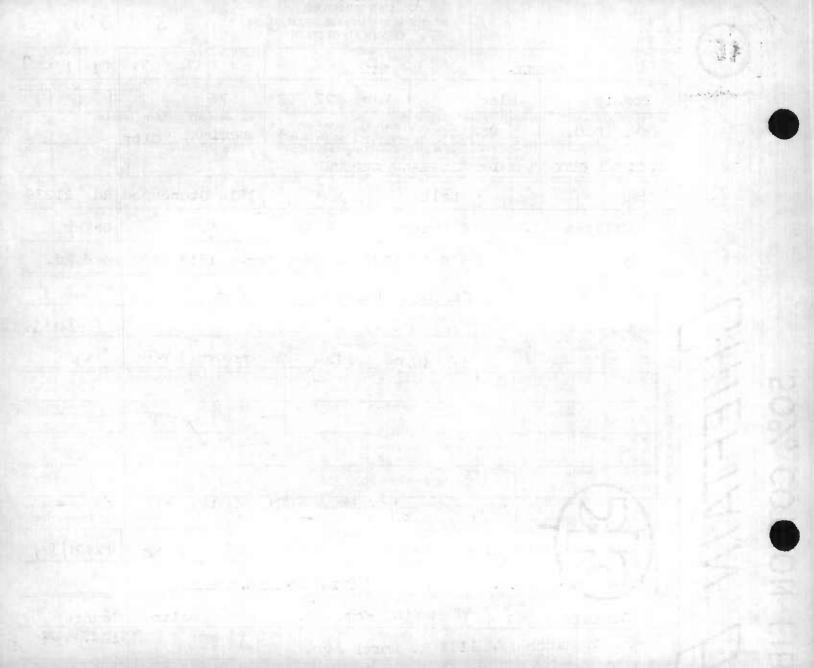
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STATE OF MARYLAND

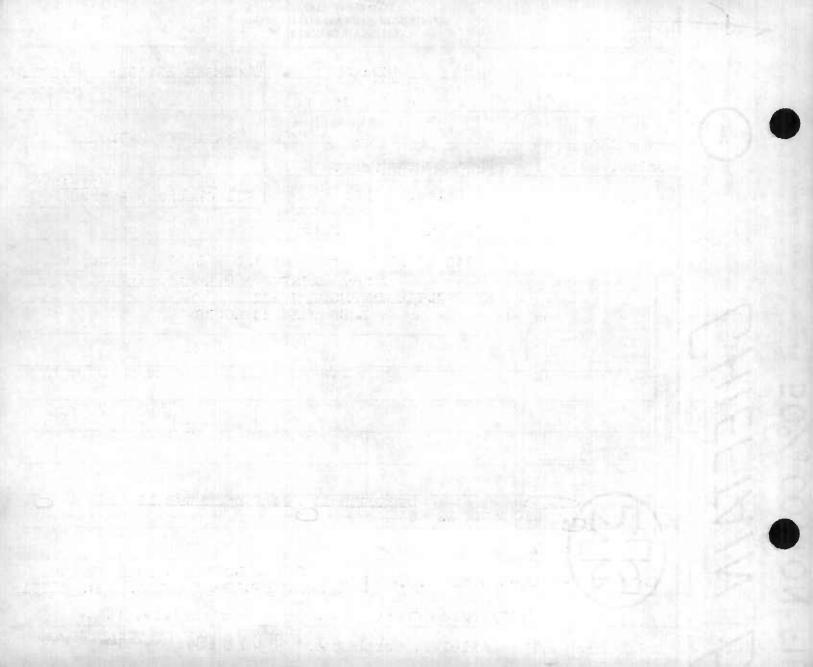
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

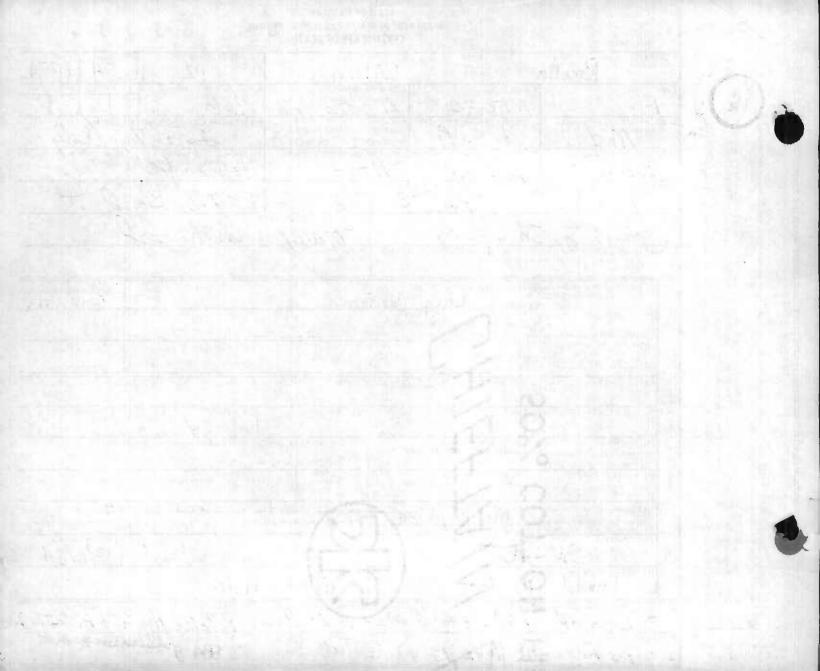
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(11)	ECEASED NAME FIRST PE OR PRINT) CEC	CELIA		LSON	20. DATE OF DEATH	MONTH 3	1 8	YEAR	Zb HOU	O T
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W	SIRTHPLACE (STATE OF FOREIGN COUNTY) D.C.	76 CITIZEN OF WHAT COUNTRY USA	WIDOWE	- Luci	BALTIMORE CITY OF	Ci	ty			MD.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH 7h HOUR LIYPE OR PRINTS MAGGIE WILSON DECEMBER 12.1984 6:20PMM 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR 3 SEX MONTH DAY VEAD Black Female 19 06 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED N.C. DIVORCED | Baltimore City 11 NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION O CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Balto. Church Homes & Hosp. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21217 Md. 1136 COUNTY Balto. 13d INSIDE CITY LIMITS? 911 Chauncey Avenue 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME ANTONIA MIDDLE Perkins Slade Patsy Moore ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT LIE YES GIVE WAR OR DATEST Mary Bolding 3127 Windsor Ave 243-03-2307 18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic ACUTE MASSIVE ANTEROLATERAL PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO MYOCARDIAL INFARCTION 666 LESS THAN 20 HOURS DUE TO OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [ 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)  $\infty$ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC ) NOT WHILE 220 1 certify that (1) (this hospital pattended the deceased from DECEMBER 12 19 84 DECEMBER sow the deceased alive or DECEMBER 12 19 84 , and that in (my) (our) opinion deoth accurred an the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED KUD PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (DIPE OR PRINT) 22e ADDRESS CHURCH HOSPITAL CORPORATION PORT 30 ORAZON VERGARA-SOARES M.D. BROADWAY BALTO. MD. 21231 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) Greenville, N.C. 12/16/84 Church Cem. Burial R 250 REGISTRAR'S SIGNATURE Julia Dandson-Handson 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 1101 E. North Ave. Wm C March F/H (VRA 15. 4)





## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Algwy Balto Md

250. DATE REC'D. BY REGISTRAR 21) REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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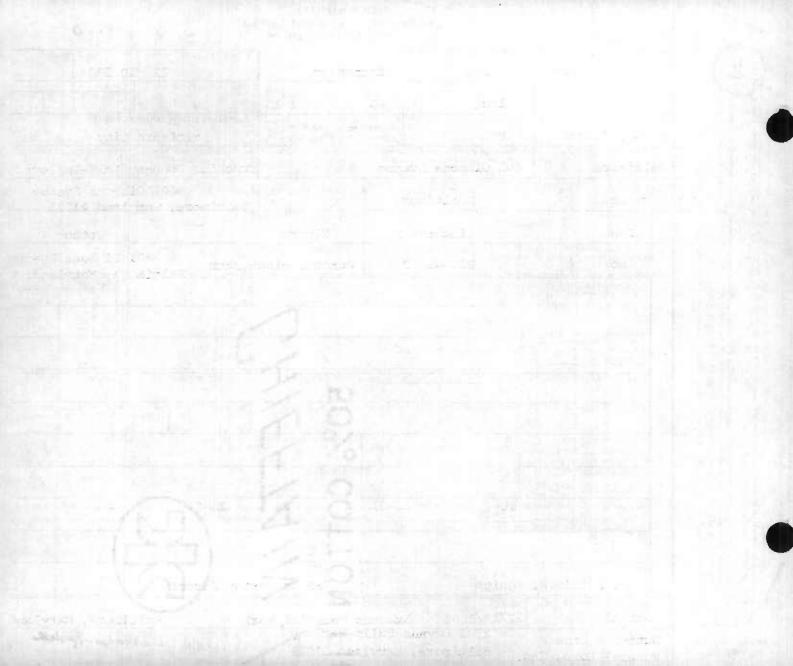
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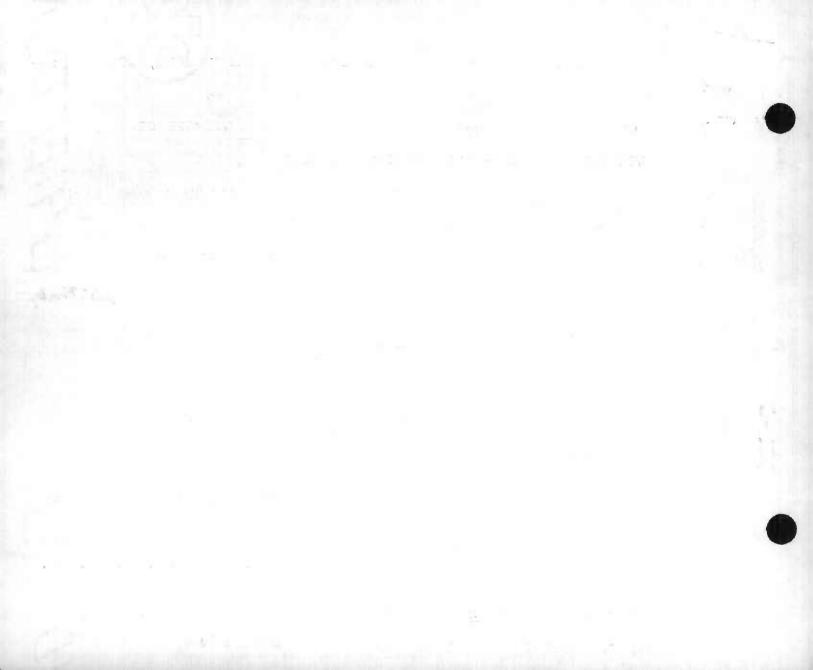
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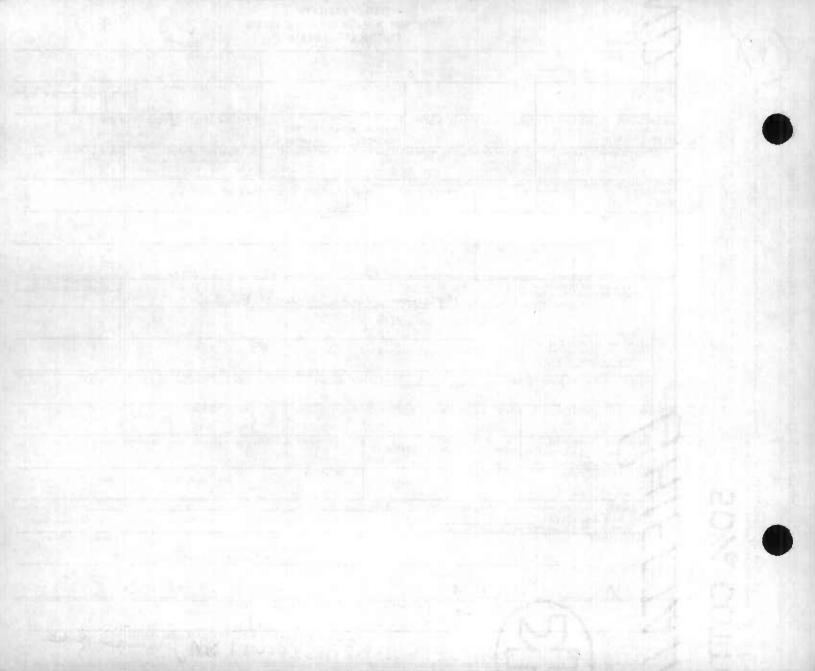
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(VRA 15, 4)

Funeral Home, Inc







DEPARTMENT OF HEALTH AND MENTAL HYGIENE

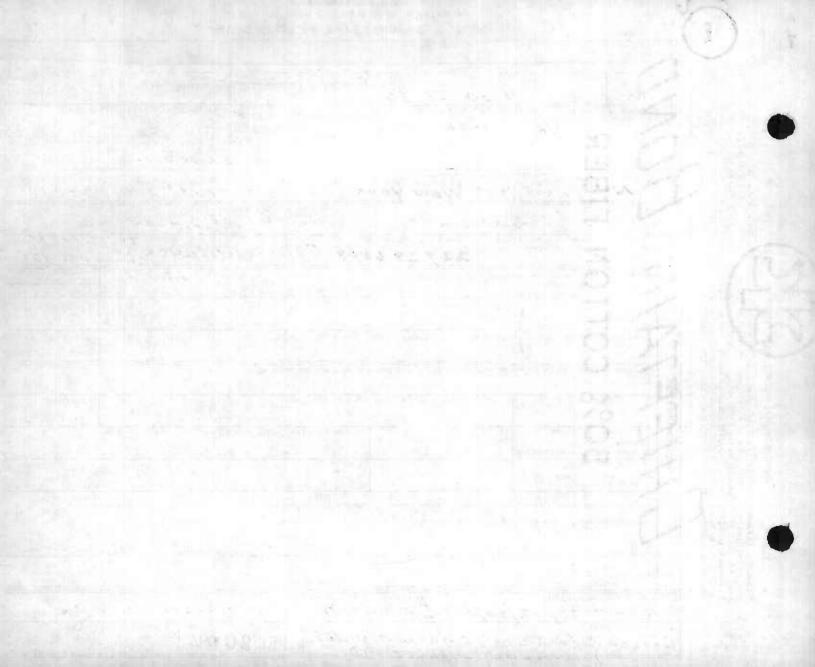
CERTIFICATE OF DEATH

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14	( E		STATE REGISTRAR	MED	ICAL EXAMINER'S	13	EDEATH O O	7
70	(1.)		CEASED NAME FIRST		MIDDLE	LAST	REG. NO.	NTH DAY YEAR 75 HOUR
2	ш ю		E OR PRINT)		-	T MOI TOD	OF ESTI-	
	EAS TOR TOR VEET	3. SE)	RAYMON			VITCHER Under 1 yr.   If under 2	1.4	2 19 1984 M
	DIRECTOR. COUR FILES. V 72 HOURS TON STREET,	J. JL.		DATE OF BIRTH	YEAR LAST BIRTHDAY) MO	NTHS DAYS HOURS	MIN PRONOUNCED	2-01
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	ZPW >	ID C	TY OR TOWN OF DEATH	NAME OF HOSDI	TAL NURSING HOME, OR O	OWED DIVORCE	Baltimore C.  120. USUAL OCCUPATION (TYPE OF WO	LTY MD.
	PAGE 5	1	/	(IF NOT IN SUCH FACI	LITY, GIVE STREET ADDRESS)	THER INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUSTRY
	300000		ltimore		rESIDENCE BEFORE ADMISSIONS		LEGERER	
21201	ANY DE ANY DE RETAIN HOULD E GECORD	1000	TATE COUNTY		134 CITY OR TOWN		13e STREET ADDRESS	99997
.2	A A S D S O		Bary Nou	PERK	New York	YES MO	2389 · 3 4 AVE	+0037
RE, MC	HE WEST	14. F/	SFIRST / 4 3	ANDDLE A F C	HER	15. MOTHER'S MAIDEN	5 BROWN	LAST
WO W	NS SA	160. V	VAS DECEASED EVER IN U.S. ARME		166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 50	11 3,18,31
ALT	ENT DE		er 15 K	2	2728686	8 61.00	WITCHERCH	ARLUNSVILLE
- 2	S S S S S S S S S S S S S S S S S S S		18. CAUSE OF DEATH (Enter only	one cause per line fo	or (a), (b), and (c).)		22,901	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTONS	VITHIN 24 HO ICIL IN ITEM NER ALONG RANSIT PERMI TAL HYGIENE REMOVAL.	10	PART I DEATH WAS CAUSED E	Y: CAUSE (g)	Cranio-cerebra	l trauma		der received and de ann
010	A TIE	/	8/50		S A CONSEQUENCE OF			
g.	WITHIN NCIL IN AINER A RANSIT VTAL HY VR REMO	-	Canditians, if any, which gove rise to immediate	(b)				
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201	ON NO NO	1	lynig coose lost.	(c)	200, 11-50, 11-50			1
DIVISION OF VITAL RECORDS,	"PENDING" IN PI "PENDING" IN PI EF MEDICAL EXAL SED AS A BURIAL- E HEALTH AND ME AL, CREMATION, (		PART 2 OTHER SIGHIFICANT CONDITIONS CO	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISI	ASE OR CONDITION GIVEN IN PAR	T 1 to.	
8	ENDIN MEDIC AS A E ALTH / CREW	CERTIFICATION						
=	HIE A HIE A USED OF HE	A	190. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
}	NOR OF USE	E						YES NO
O.	AUEB#6_		210 EXTERNAL CAUSE WAS UNDERLYING MOR	21b. TIME OF I	MONTH DAY YEAR	HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART 1	DR PART 2)
ON	SE STAN	DICAL	CONTRIBUTING CAUSE OF DE	ATH 3 P.M.	12-18- 1984 Dr		that lost contro	01.
VISI	CERTIF DED TO DEPAI 1 PRIO	ig i	21d INJURY OCCURRED	21e PLACE OF STREET, FACTOR	FINJURY (AT HOME, 211. I RY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE
٥	E, WRITING TH RWARDED TO PAGE 3 SHOU STATE DEPARTA 7, 2, 201 PRIOR 1	1	AT WORK AT WORK	roa		-95 & North S	Service Area,	Cecil Md.
	_ m S m 20		22a. I certify that I took charge	of the remains descr	ibed obave, held on Auto	opsy X, Inspection	, Inquiry and in m	y opinion
	MINER.	1	death resulted fram: Natural		Accident X Suicide	, Homicide	Undetermined manner .	,
	EXAM CERTI UID B DIRE WARY	-	MA	1		TITLE (SPECIFY)		
			ACTUAL SIGNATURE	1XX	A	M.D. Assistant	MEDICAL EXAMINER SIG	TE 12-19-84
	DICAL I TE THE A SHOUNERAL DEATH, AORE, A		/ V					
	*SHEEP!		EXAMINER'S NAME ANN M.	Dixon, I			nn St., Balto., Mo	
	PATO PATO PATO PATO PATO PATO PATO PATO	23a.B	JRIAL, CREMATION, REMOVAL 236	DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION CITYORTOWN LUFFS W	COUNTY
07/84	BP		PENNUNAY /	2/20/89	4 ORKINO	01)	CHALLETTS VI	116 VA
1999	G 6/AMH - 17		INERAL DIRECTOR	ADDRESS	MARIATINI	250. DATE RE	eC'D BY REGISTRAR 256 REGISTRAR 2 0 1984	SISIGNALIBERANT
1771	(VP A15 ME (5))	6	NAME CE RIFERCE		Alter Mil	UEC OF	20 1984	
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10	12	1	#16, FILM G	, 40	STATE OF MARYLAND		
4		Vi.	FOR 211/85 KM	DEPARTI	MENT OF HEALTH AND MENTAL HYA	SIENE 3 3	3 9 4
r /	10	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
-	Bally		CEASED NAME FIRST	MIDDLE	LASI	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
-	1	-{TYP	PAUL	CARROLL	WOLMAN JR.	DEC. 29 1984	12:13PM.
	0.0	3, SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
100	25	L'all		LULT MY	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
-	00	to B	MALE  IRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	AUGUST 21, 1926	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	1 25 30		COUNTRY)		MARRIED X NEVER MARRIED		
(E)	1 11 10	10.0	MARYLAND ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED GROWN DIVORCED	BALTIMORE C	
	1 1 1 1 m			(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
201	14 10		ALTIMORE	JOHNS HOPKIN		ATTORNEY	AT LAW
2	TO A BOT		AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW		13e STREET ADDRESS / ZIP COD	DE
NA C	To out of		MARYLAND_	BALTIMO	RE YES NO [	1817 GREENBERF	
RYL	stely stelly	14. F/	ATHER'S NAME FIRST	MIDDLE IAST	15. MOTHER'S MAIDEN NA	ME	IAST
¥ Y			PAUL		LMAN JEANETT		ROSNER
RE,	5 00 5 5 5		WAS DECEASED EVER IN U.S. AF	MED FORCES? 166. SOCIAL SECU		ADDRESS	KOJIKI.K
WO	, co	1		-ARMY 216-20=	MRS. SUSAN A	WOLMAN 1017 CE	EEVEEDBY DE GAGGE
BALTIMO	000			nly one cause per line for (a), (b), on		WOLMAN 1817 GF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
80	of the graph of th		PART I. DEATH WAS CAUSI	DBY: MARIE CLES		[ ] a a Mal C	BETWEEN ONSET AND DEATH
TS		1	IMMEDIA	, E CN002 (0)		unomo	Jinonius
0,	O A COUNTY OF THE			DUE TO, OR AS A CONSEQUE	ENCE OF		
RES	5		Canditians, if any, which gave rise to immediate	(b)			
2			cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		
5	the d by leos in the or of or of		onderlying coose last	(c)			
5,2	en p bur	17	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART TIO
ORD	en s en s er to er to	CERTIFICATION					
EC	S on print of	N. A	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
AL S	be house	וּ					ES NO
> -personal	Z - 10 0 1 0 1 0 1	15	210. ACCIDENT WAS UNDERLYING		211. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}
0	o ph pertition of ph pertition	14	OR CONTRIBUTING CAUSE OF DE	~111	19		
0	ding or h	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION STREET	CITY OF TOWN	COUNTY STATE
NOISINIO	s the	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC ) SIREE!	CITORIOWIA	37410
0	a Aft of a Maria			ital) attended the deceased from	Dec 23 10 80	to Dec 29	19-84 that (I (we) last
	of He		saw the decent alive of	Dec 29 1984 198	and that in (my (aur) opinion	death occurred an the date and ha	our and from the causes stated
	REC SEC SEC SEC SEC SEC SEC SEC SEC SEC S		obove, (I) (vertified) (blid no	ot) view the body after death.	DEGREE		22c. DATE SIGNED
	The Day		DA	lance -	HAN ATTENDING	MEDICAL STAFF	12/16/18/
<u> </u>	ERAL Stote	-	224 PHYSICIAN'S NAME (TYPE	1 111111	PHYSICIAN [	DIRECTOR PHYSICIAN	127/84
9	PEUN PEUN PEUN PEUN PEUN PEUN PEUN PEUN		D 1	10 000	W = 1.1.	. 11 2 1	1 - 1 1
1	etoined by TO FUNER with the Str		K.H.	Lange MI	) The John	& Populus N	sortal
	- 5 - 4 > -		BURIAL, CREMATION, REMOVAL	23b DA E 23c 1	NAME OF CEMETERY OR CREMATORY	234. JOCATION CITY OR TOWN	COUNTY STATE
	BP		CREMATION	12/31/84 10	UDON PARK CREM	PALTIMODE	14.
DH	MH - 16 50M 4/83	24 F	INTERAL DIRECTOR	LEVINSONE BROS.,	TNC		STRAR'S SIGNATURE
511	(VRA T5, 4)	1		WN RD. BALTIMORE		N 3 1985	aurdion-Handell
			WILLIAM TO THE WATER	MA NO. DALITMORE	MARILANII ZIZIS		

MUNICIPAL COLORS CONTROLLE R A Longe MD The John Harma Strong to

· co	1.	FOR STATE REGISTRAR			TMENT OF H	EALTH AND MENTAL HE	REG. NO		9 5	
rer deoth		CEASED NAME OR PRINT! 5dd	1 RACE	ental	S. DATE C	F BIRTH 1922 YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) IF E	INDER I YEAR IF UNDER	17 A
TA 197		RTHPLACE (STATE OR FORE COUNTRY) China	USA	WHAT COUNTRY	MARRIE		9 BALTIMORE CITY OF BAltimor	e City		м
by the filled the fill		Baltimor	e Good	i Samari	tan Ho	Spital	Owner		Laundry	ESS O
filled in sould be f	13a	at residence (if nursing state aryland	home or other institution b. COUNTY	13c CITY OR TO' Baltime	ore admission) ore	136. INSIDE CITY LIMITS? YES X NO	5120 Be		. 21206	19
ond 2 st ond 2 st	14, F/	Wong Tai	WIDDLE	IAST		15. MOTHER'S MAIDEN NA Lee Shee	WIDDLE		IAST	
s. Pages 1		VAS DECEASED EVER (N YES. NO OR UNKNOWN) (	U.S. ARMED FORCES?  IF YES, GIVE WAR OR DATES)  WW II	218-32-		Susie Wong	ADDRE Same		APPROXIMATE INTE	
ed by the ottending physiclesse remove corbangopried, cremation, or remove or other troumatic event,		Conditions, if ony, w gove rise to immed couse (0), stoting underlying couse	CAUSED BY:  IMEDIATE CAUSE (o)  DUE TO, C  which (b)  diote (b)  Lost (c)	MYOCKA RAS A CONSEO COMMAN RAS A CONSEO HYPERT	UENCE OF ANTH		ANNA DISEASE OR COM	DITJONI CIVEN	24 hou	ব
permit. Then price prior to burners only injury,	CERTIFICATION	190 DATE OF OPERATIO				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	VERE FINDINGS USE NG CAUSES OF DEA	TH?
this certificate has be burial-transit per ad Mental Hygiene dor Item 18 shows	MEDICAL CERT	216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	JSE OF DEATH HOUR A EXAMINER) P  21e PLACE (AT HOME, ST		DAY YEAR 19	21c. HOW INJURY OCCUR 211. LOCATION STREET	RED (ENTER NATURE OF INJUR			STATE
In Johnston Underline should be detached for use as the with the State Dept. of Health and IMPORTANT: If them 21 is marked		22b. SIGNATURE	olive on December 1) (did not view the body	ofter deoth,		nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [ 22@ ADDRESS	MEDICAL STAF	F	Dress Signed	1989
should with th		CHARI BURIAL, CREMATION, RE (SPECEY) BURIAL	MOVAL 236 DATE		NAME OF C	GOOD SAMMITE TEMETERY OF CREMATORY ine Park	Wood Tawn,	Balto		STATE
50M 4/83 5, 4)	24 F	uneral director ewart & Mowe	en Co. 108	W. North	Ave.	21201	TE REGID BY REGISTRAR 1984	256 REGISTRA	R'S SIGNA) URE PLE	02

lt e it 101 272 41-1 42. 272 

STATE OF MARYLAND

Leadington, D. C. U. S. A. Holdmore X St. Beltimore, Hereland 21216 rlnd Benjamin 1727 Ment los Street 217-01-1:18 Ann. L. ccd Helbrer , Hrvl n 2104 in the control of the 1301 Guyrna Palla Barross Matter & Sone ineral to e inc. Delumer, Pervland 20206

OR			
TATE			

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 3 3

		REGISTRAR				CEKITE	ICATE OF DEATH	REG.	NO.			
		CEASED NAME	FIRST		MIDDLE	ī	AST	20. DATE OF DEATH	HTMOM	DAY YEAR	10 110011	_
	TYPE	OR PRINT)	GEOR	GE	w.	4)	2400	120 / 40	12.	16 84	1055A	M.
	3. SEX	X		4 RACE		S DATE C	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YE		_
	-	MALE		BL	HCK	MONTH 9	25 11	7	3 YRS	MONINS DA	TS HOURS MIN.	
-		RTHPLACE (STATE OR F	FOREIGN	Th CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	1.1	
7		Pennessee	351/2	U. S.	. A.	WIDOWE		191467	4 plak	E C	it ME	).
2	10 CI	ITY OR TOWN OF DEA			HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPA		12b. KINE INDUSTE	OF BUSINESS OR	al
X	12	BALTIMON			rsity Hos			Chemical	Operat	or Edg	ewood Ars	sen
<	13a S	AL RESIDENCE (IF NURS STATE Maryland	136 COUN	OTHER INSTITUTION TY	13c. CITY OR TOV Baltimo	NN	138 INSIDE CITY LIMITS?	13. STREET ADDRESS Baltimore				St
		ATHER'S NAME			Bartimo	DIE	15. MOTHER'S MAIDEN NA		, Mary	Tanu Z	1210	-
X	)	Jake		aylor	Woods	5	Chanie	MIDDLE		Unkn	iast IOWN	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	2301	RESShbu	rton S	treet	
	L.	Yes		LII	213-10-2	2188	Eleanor H. W			Maryl	and 21216	5
4		18 CAUSE OF DEAT	H Enter onl	y one couse per			0 /	1	/	BFTWE	OXIMATE INTERVAL	
		PART I. DEATH W		E CAUSE (o)	CARE	10 4	ul monthly	1 tok	05+	n	inutes	
	9	Conditions, if ony,		DUE TO, OI	RAS A CONSEOL	JENCE OF	otic Ach	er Des	EASE	-	YRS	
		gove rise to imm couse (a), statin underlying couse	ig the	DUE TO, OI	R AS A CONSEQU		tensia N	E-59742.4		Y	EMPS	
-	NOI	An . 1 ]	-	ONDITIONS CO	RENA	DEATH BUT	ASEASE	AINAL DISEASE OR CO	NDITION GI	IVEN IN PART	110	
7	CERTIFICATION	17 7/8	TION		GRENE		CLIEBULA RIGHT	200 AUTOPSY?	IN CERTI	ES, WERE FIN IFYING CAUS 'ES	DINGS USED SES OF DEATH? NO	
7		OR CONTRIBUTING	-	216. TIME O HOUR A.	FINJURY M. MONTH D	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2		
2	S.	(IF EITHER NOTHY MEDI				19						
J	MEDICAL	216 INJURY OCCURE	THE T	21e PLACE ( (AT HOME STR	OF INJURY REET, FACTORY OFFICE	FARM ETC )	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
١	1	220 I certify that (1)	(this hospit	all ottended th	e deceased from.	84/1	20 19 84	1_ to12/1	6		, that (I) (we) lost	-
		sow the decease obove, (1) (ye) (c	ed olive on a	wew the body	after death		nd that in (my) ( <u>our) apinion</u>	death occurred on the	date and ho			
		The SIGNATURE	hide	5		Den	DEGREE ATTENDING PHYSICIAN [	MEDICAL ST	AFF SICIAN V	221 DA	2/16/84	4
		221 PHYSICIAN'S NA	AME (THE O	PRPATE	0	/	22e ADDRESS			1	2/26	50
		MICHAEL	Ro.	SSINI	JR M		22 So. G	REENE S	+ -	PRALto	MORE K	D
4		BURIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
17		Buria		12/20/			n Forest Vete		-	timore	, Marylar	nd
		MEENE PRECIOSON		2501 Gv	vynns Fal	lls Pa	rkway 250. DAI	TE REC'D. BY REGISTRA	AR 25hr REGIS	TRAR'S SIGN	ATLIRE	
Ш	Fur	neral Home	Inc.	Baltimo	ore, Mary	land	21216 DE	C 1 9 1984	iska	Anni arou	-Mandelle	18

DEC 1

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, A should be deteched for use with the Stote Dept. of Heal

MPORTANT, IF IN

C F . . University Regultri u t x ... January Toylor Mooda Mooda Chante Ni II . 27-10-2188 .leanor H. Goods Beltines, Preview 20118 Summeral Score Inc. Deltilagge, Mary Land 22225

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEF	PARTMENT OF H	EALTH AN	D MENTACHY	rGIENE	3 REG. N	3 3	9 8		
	(TYPE O	EASED NAME OR PRINT)	FIRST	-	WIDDLE	1000	D Wa	rd-		12-0	8 -	SY YEAR	3.1.	SPM
	3. SEX	-emale	561	00	ite		.3, 1	908 YEAR	76	(IN YEARS LAST BIR	YRS	FUNDER 1 YEAR	HOURS	MIN.
5	M	THPLACE (STATE OR F DUNINY)			SA	MARRIE	XX	R MARRIED DIVORCED	Cit					MD.
1	В	Y OR TOWN OF DEA Baltimore	//	UL NI TON BI)	FACILITY GIVE	URSING HOME C	pita	NSTITUTION	[TYPE OF	ALOCCUPATE WORK FOR MOSTO <b>emaker</b>		12b. KIND ( INDUSTRY	OF BUSINI	ESS OR
)	13a ST <b>M</b> d		AL COUNTY		134. CITY OF Stre		YES 🗌	CITY LIMITS?	38	et address 08 Davi	s Cor	ner Ro	ad 21	154
	(1)	her's NAME	MID	olip.	hant LAS	51		R'S MAIDEN N Minnie	&AME	WIDDLE	McC	racken	51	
2	no no	AS DECEASED EVER	IN U.S. ARME (IF YES, GIVE W	. 2 00 0	166 SOCIAL 215-22		Mrs.	Doris	Richa	ADDRE rdson		Same		
	1	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only of AS CAUSED B IMMEDIATE (	BY	line far (a), (	bi, and ici	is					BETWEEN	IMATE INTE	RVAL DEATH
	F	Canditions, if ony, gove rise to imm cause ia , statin underlying cause	nediote g the last	(b) DUE TO, OI	R AS A CON	SEQUENCE OF	ui '	Tum of ED TO THE TER	1 -	ASE OR CON	DITION GIVI	EN IN PART )	a'	
1	CERTIFICATION	90 DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATION	V WAS PER	FORMED	20a A	UTOPSY?	IN CERTIF	, WERE FINDII	NGS USEI OF DEAT	H?
1		(IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	H DAY YEAR	21c. HOW	INJURY OCCU	JRRED (ENTE	R NATURE OF INJUI	RY IN ITEM 18 P.	ART I OR PART 2)		
	ME	WHILE NOT WH	HE 🗍	21e PLACE (		OFFICE, FARM, ETC.)	21f. LOCA STR	TION		CITY OR TO	WN	COUNTY	5	TATE
	2	saw the decease	d olive on	12-08	-84		d that in (p	, 19_ (aur) apiniar	n death occ	12-08 urred on the do			that i (	we) lost
		22b. SIGNING URE	34	fwor	<u></u>	_Y	DEGREE	ATTENDING PHYSICIAN	MEDIC DIRECT	AL STAF		12-	SIGNED	sif
	•	S/S	AT	Au	oke	2	22e. ADDR	when	en	Hosp	extal	7		
	Bu	RIAL, CREMATION, PECIFY)  Fial  NERAL DIRECTOR		236 DATE Dec . 11	,1984	131 NAME OF C		rial Pk	. Ba	CCATION CITY OR TOWN L timore BY REGISTRAR		Md.		TATE

DHMH-16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is

Leonard J. Ruck Inc. Baltimore, Maryland

DEC 10 1984 Julia Davidson Abandera

12.85 / 8 1- 00- TE EDVA Andrew Control of the STATE AND AND STATE OF THE STAT Through Japan Company of the second s The state of the s production of the second contract of

15	1	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
1 moy be r, page 3 fter death		CEASED NAME FIRST E OR PRINT) FRAME	CIS M. Wooten Jr. 20. DATE OF DEATH MONTH DAY YEAR 28. HOUR DECEMBERSU, 1884 6.50 LEACE , S. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HI
	10	IRTHPLACE INTO HOLD IN	CACASIAN DAY 1900 04 YES MATERIAL MARRIED DI NEVER MARRIED DI NEVER MARRIED DI NORCED DI BALTIMORE CITY OF COUNTY OF DEATH
in by the	1	AL RESIDENCE IN MUNICIPE HOME ON O	
A with the plete and 2 mouth	HLE	ATHER'S NAME FERST ( ) m "	134 STREET ADDRESS RUPER + CIRCLE  15. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME  16. MOTHER'S MAIDEN NAME  16. MOTHER'S MAIDEN NAME
be executed on ond com	16a.		MED FORCES? WAR OR DATES!  218-33-18.184 July 18.184 J
nding physici corbon popeis, or removol.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
that the dead by the ofference of cremotron rather from		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF
equires in signed Then ple r to buri	NO		ONDITIONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
The low riction.  te has bee sist permit.  grene prior	CERTIFICATION	19a Date of Operation	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \sqrt{NO}\)  YES \( \sqrt{NO}\)  YES \( \sqrt{NO}\)
SICIAN: ng phys certifica uriol-tror tentol Hy them 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19
DING PHY or othendin : After this se os the bu	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this basento	216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  216. LOCATION STREET  CITY OR TOWN  COUNTY  STATE  11 attended the deceased from 12/2/19 14, to 12/30 19 34, that (1) (well)
OR ATTEN he hospital DIRECTOR oched for un Dept. of He		sow the deceased alive on obove. (1) (we) (did) (did not) 22b. SIGNATURE	12/28/19 AV and that in (my) (quest opinion death occurred on the date and hour and from the course shad
HOSPITAL bined by the Study by the State PORTANT:	1-	- 220 PHYSICIAN'S NAME (TYPE PO)	THIS CLAIM THIS CLAIM
PP	230.	BURIAL, CREMATION, REMOVAL	236. DATE /84 Soula Ph. Cem Juleur Clue Mis
DHMH - 16 50M 4/82 (VRA 15, 4)	1	15016. Follower	t auc facto 3230 DEC 3 1 1984 Julia Davidson Andre

STATE OF MARYLAND

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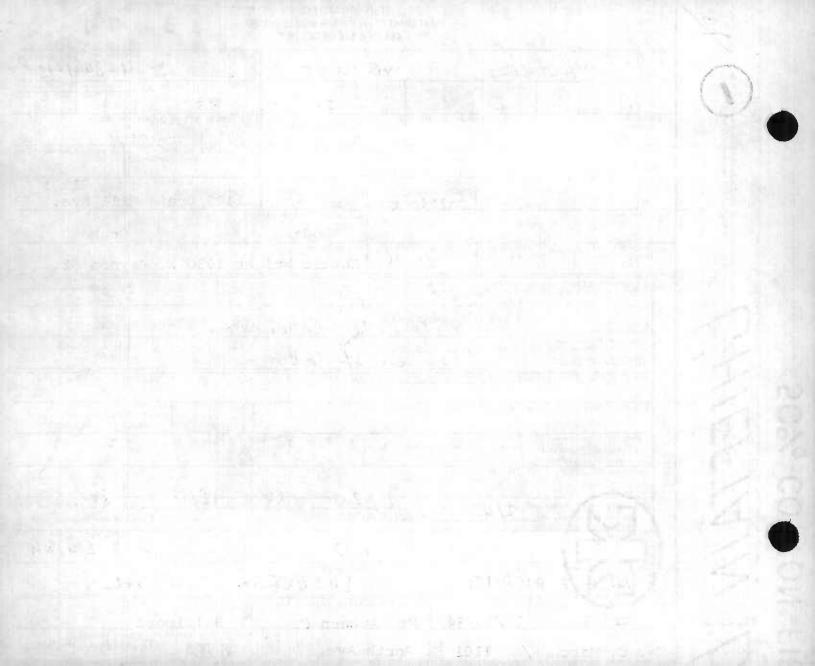
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STATE OF MARYLAND

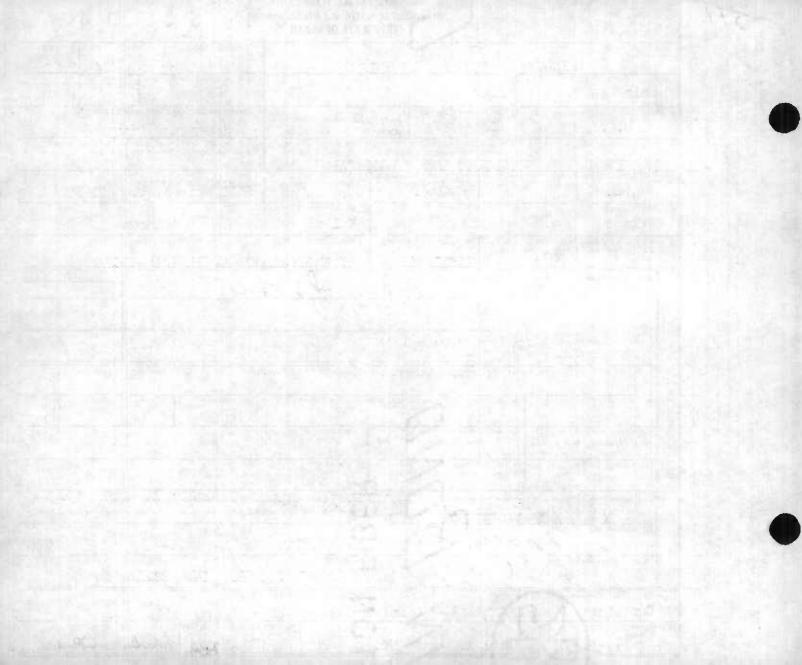


DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR CEASED NAME 2a DATE KNOWN XX WONTH 7b HOUR (TYPE OR PRINT) ESTI-Wright DEATH MATED Wayne 2019 84 SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR DAY LAST BIRTHDAY) RONOUNCED Male White 59 DEAD 20 19 84 8:20A 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED X DIVORCED Baltimore City WIDOWED AND 3 TO THE FURETAIN PAGE HOULD BE FILED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS 4308 Powell Avenue Furniture Relinia Baltimore 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Balto. NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Robert L 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN stensen Balto, M. DIVISI 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N. OR REMOVAL. IMMEDIATE CAUSE (a) Shotgun wound of face Weapon: Shotgun DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? NT OF HE BURIAL NO XX YES | DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL PRIOR self inflicted shotgun wound CONTRIBUTING CAUSE OF DEATH 8:00 12/20 1984 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR; PAGE 3: AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK 4308 Powell Avenue, Baltimore, MD home Inspection XX 228. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my opinion Suicide XX Undetermined manner death resulted from: Accident Hamicide TITLE (SPECIFY) 12/20/84 MPAssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn Street, Balto, MD 21201 STATE Shrewsbury (em. BP 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** Miller Inc-6415 Belair Rd. -21206 (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MAKTLAND



				STATE OF MARYLAND		
	1-	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 3	3 4 0 4
		CEASED NAME FIRST	WIDDLE	LAST WYNN,	20. DATE OF DEATH	ONIH DAY YEAR 26. HOUR
		₫⊗DORCH		WYNN	DECEMBER	24 1984 11.3
	3. SE)	41	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI
		14	BLACK	JULY 25, 1907	77	YRS.
e Co		RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
:70		N.C.	U.S.A. 1	WIDOWED DIVORCED	DALTO	· C/11
25	10. CI	LY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION  DDRESS)		N 12b. KIND OF BUSINESS WORKING LIFE) INDUSTRY
00	4	DACIO.	CHURCH HE	55D·	KEI-RED	DEIIT SHE
35	13a. S	AL RESIDENCE (IF NURSING HOME OF		134 INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE 21203 UZERNE AVE.
2	14. FA	THER'S NAME	MIDDLE CHAST	15. MOTHER'S MAIDEN NA	SKNOW!	LAST
00		VAS DECEASED EVER IN U.S. AR		ITY NO. 17 INFORMANT	ADDRES	S
Ded	1	res. NO O UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 2/2-05	8510 MILDRED U.	NNN S	AME 21205
t, the		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and	IC.	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
even		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (D) CARDIOPUI	LMONARY ARREST		
otic			DUE TO, OR AS A CONSEQUEN	NCE OF		
		Conditions, if any, which gove rise to immediate	( b) SEPTIC SH	HOCK		
Je L		couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE			
5				JLMONARY EM®BOL		
ury.	z			<u>EATH</u> BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110
any in	ATIO	SEVERE HYPE	RNATREMIA  196 CONDITION FOR WHICH C	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
5	IFIC				YES NO X	IN CERTIFYING CAUSES OF DEATH?
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR		
Hem 18		OR CONTRIBUTING CAUSE OF DEA		Y YEAR		
or the	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	City or low	N COUNTY STATE
D K	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, FA	KM LICI	CITORIOW	21816
		22a 1 certify that (1) (this hospi	ital) attended the deceased from	DECEMBER 21,9 84	. DECEMBE	R 2419 84 , that (It (we)
23 (8		saw the deceased alive on above. (1) (we) (did) (did) and	at) view the body after death.		death occurred on the dal	e and hour and from the causes stated
<u> </u>	100	27k SIGNATURE	2234	DEGREE	HAZE LINE	22c. DATE SIGNED
±		Alen Kose	uliliam ms.	ATTENDING PHYSICIAN [	MEDICAL STAFF	AND
NA PARAMETER AND		224 PHYSICIAN MANE (TYPE		22e ADDRESS CHURC	HHKOSPTTAT.	CORPORATION
1		ALAN BOSENB	BLOOM M.D.		DADWAY BAL	
4			1994 DAYE 199. NO	AME OF CEMETERY OR CREMATORY	23d LOCATION	12.000, 000 212
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	AME OF CEMETERS OR CREMATORS	CITY OR TOWA # 4	* A COUNTY STATE
- W	7	BURIAL BURIAL UNERAL DIRECTOR	12-29-84 RE	STHAVEN CEM		LSON N. C. STATE

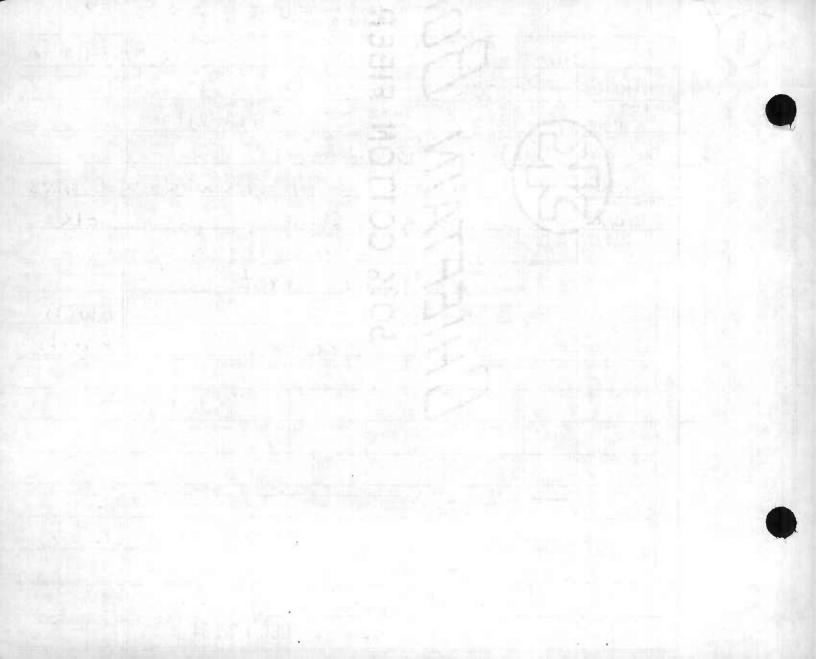
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CR	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND	MENTALHYG	-1	3 3 61 EG. NO.	0 5	
		EASED NAME FIRST OR PRINT) JOSEP	H	G.		IFFE		2a. DATE OF DE		DAY YEAR	645AM
a after o	1 SEX	MALE	4. RACE	ISTAN	5. DATE C		YEAR 93	6. AGE (INYEARS	LAST BIRTHDAY) YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1123	· M	RTHPLACE (STATE OR FOREIGN OUNTRY) [ARYLAND	USA		WIDOWE	D XX D	MARRIED	BALTIM		174	MD.
by the filed with	B	OUTIMORE	SINA	FHOSPITAL, NURSIN JUCH FACILITY, GIVE STREET NOSPITA	ADDRESS)	-		170. USUAL OCC	ESMAN	IND NE LOS	ING CLOT
thould be	13a. S	THE PERSON NAMED IN COLUMN NAM		BALTIMO			CITY LIMITS?	130 STREET ADD	rdf1210°	RD. #	21208
ompletel 1 and 2 s		THER'S NAME FIRST HARRIS	MIDDLE	YAFFE			FANNIE		VALUE VAL		NTHAL
Poges medico		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) YES WW.	RMED FORCES: DIVE WAR OR DATES) L—ARMY			17 INFORM 322	8 MIDFI		BALTO.,	MD 21	.208
physicic an popers emovol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse p SED BY: ATE CAUSE (o)_	CARDIO PU	dies LLMO	NARY	ARR	.837		APPRO) BETWEEN	OMATE INTERVAL ONSET AND DEATH
gned by the ottending en pleose remove corb buriel, cremotion, or vry, or other froumotic	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO,	OR AS A CONSEQUE  CHRO NIC.  OR AS A CONSEQUE  CONTRIBUTING TO 1	PUU ENCE OF				r condition g	IVEN IN PART 1	(0)
hos been s permit. The	CERTIFICATION	19a DATE OF OPERATION	196 CON	IDITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPS	IN CERT	ES, WERE FINDS	
ertificate not-transit antol Hygis tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)	
fter this os the builth ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		CE OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCAT STREE	ET		TY OR TOWN	COUNTY	STATE
CTOR: A for use of Heoli	H	220.1 certify that (1) (this has saw the deceased alive of above, (1) (wei) (did ) (did		I 1			, 19 <u>84</u> ) (our) opinion	, to death occurred or	the date and ho		
RAL DIRE detoched tote Dept		Pomuela	alla				ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		SIGNED 21/84
should be di with the Sto		BEMICHAE	LME			SINA	HOS	SP ITAL		BALTI	
D		SURIAL, CREMATION, REMOVA SPECIFY) BURIAL	100			FRIEN	SH11 PORY	234 LOGALIC		CODIALI	ARYLAND
I - 16 50M 4/83 VRA 15, 4)		INERAL DIRECTOR SOL		ADDRESS		215	"OE	C2819	34 Par Estab	WAR BEYERA	PURE "

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		T et au	7-27-60		

1	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND M CERTIFICATE OF DE	ENTA SHYGIENE	3 3 4	0 3
(1	DECEASED NAME FIRST TYPE OR PRINT)  SEX	MIDDLE .	Young  Is date of Birth	20 DATE OF DI	12	DAY YEAR 26 HOURS
	Male	Black	MONTH DAY	47	37 YRS	MONTHS DAYS HOURS ME
35	country maryland	16 CITIZEN OF WHAT COUNTRY?	WIDOWED DIVO	DRCED Baltimure	CIFY OR COUNT	
100	Baltimore	II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UNIVERSITY OF W	layland Hos		CUPATION R MOST OF WORKING LI	12b. KIND OF BUSINESS C INDUSTRY
130	Moryland 136 COL	PROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136 CITY OR TOW BALTIM	N 13d INSIDE CITYES TEST	40 923 V	PRESS / ZIP COD	te St 2/223
00	FATHER'S NAME Charles	MIDDLE YOUNG	9 CLG	MAIDEN NAME	MIDDLE V .	POK
160	(#FYES, OD NOWN)	RMED FORCES? 166 SOCIAL SECU		Young 923	ADDRESS  W. Faye	tte St.
וון מולץ, סד סוחפי ווסטיייטוני ביכי	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c) DUE TO, OR AS A CONSEQUE  (c) DUE TO, OR AS A CONSEQUE  (c) DUE TO OR AS A CONSEQUE  (d) DUE TO OR AS A CONSEQUE  (e) DUE TO OR AS A CONSEQUE  (c) DUE TO OR AS A CONSEQUE  (d) DUE TO OR AS A CONSEQUE  (e) DUE TO OR AS A CONSEQUE  (c) DUE TO OR AS A CONSEQUE  (d) DUE TO OR AS A CONSEQUE  (e) DUE TO OR AS A CONSEQUE  (c) DUE TO OR AS A CONSEQUE  (d) DUE TO OR AS A CONSEQUE  (e) DUE TO OR AS A CONSEQUE  (c) DUE TO OR AS A CONSEQUE  (d) DUE TO OR AS A CONSEQUE  (e) DUE TO OR AS A CONSEQUE  (f) DUE TO OR AS A CONSEQUE  (c) DUE TO OR AS A CONSEQUE  (d) DUE TO OR AS A CONSEQUE  (e) DUE TO OR AS A CONSEQUE  (c) DUE TO OR AS A CONSEQUE  (d) DUE TO OR AS A CONSEQUE  (e) DUE TO OR AS A CONSEQUE  (f) DUE TO OR AS A CONSEQUE  (e) DUE TO OR AS A CONSEQUE  (e) DUE TO OR AS A CONSEQUE  (f) DUE TO OR AS A CONSEQUE  (e) DUE TO OR AS A CONSEQUE  (f) DUE TO OR AS	ince of Vertogo	HVEST  idosis  o the terminal disease of	r condition gi	6 weeks
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOR		IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
MEDICAL CE		HOUR A.M. MONTH DA	NY YEAR	JRY OCCURRED (ENTER NATUR	E OF INJURY IN ITEM 18	PART   OR PART 2)
WED WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F.	ARM, ETC ) 211 LOCATION STREET	1	ITY OR TOWN	COUNTY STATE
n 21 15 mc	saw the deceased alive a abave, (1) (we i (did) (did r	oital) ottended the decegsed from December 14th 19 8 at) view the bady alter death.		17	n the date and ha	19_84, that (1) (we) I ur and from the causes stated
±	276 SIGNATURE	ND	PH	TENDING MEDICAL SYSICIAN DIRECTOR	STAFF	12-15-FY
MPORTANT	T.J.	KMETZO	220 ADDRESS	iv- MD 1/0	guital	
230	BURIAL, CREMATION, REMOVA (SPECIFY) Burial		Eastview C	em. Ba	ltimore	
/B4 24	FUNERAL DIRECTOR Wm. C. Ma	rch F/H 1101 E		250 DATE REC'D BY REG	STRAR 25 PEGIS	1869 a sysvidian dell



injury, or other to

IMPORTANT: If hem 21 is morked or hem 18 shows ony

STATE OF MARYLAND

- STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	.,	
I. DECEASED NAME FIR	SI MIDDLE	LAST (ZALZBERG)	REG. NO.	YEAR 26. HOUR
(TYPE OR PRINT) MA	VIC	7-14-LZBERG.	12/11/94	5 14 AM
3. SEX	4. RACE	5. DATE OF BIRTH		S DAYS HOURS MIN.
MALE	WHITE	MAY 7, 1907	77 YRS.	
7a BIRTHPLACE (STATE OR FOREIC COUNTRY)		MARRIED XX NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF D	DEATH
POLAND	USA	WIDOWED DIVORCED	DIGHT THORE CITT	MD.
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING LIFE) IN	b. KIND OF BUSINESS OR IDUSTRY
BALTIMORE	SINAI HOSP		FURRIER	COATS
	COUNTY 13t. CITY OR TOW	I 13d INSIDE CITY LIMITS?	136. STREET ADDRESS	#21215
MARYLAND 14. FATHER'S NAME	BALTIMOR	E YES   15. MOTHER'S MAIDEN N	1 COBBLESTONE CT.	, API. IA
HY MAN	MIDDLE LAST  ZALZBERG	DEADT	MIDDLE	KNOWN
160. WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMAN MRS.	HANNAH ZAPABERG	
(YES NOR UNKNOWN) (IF	YES, GIVE WAR OR DATES) 213-28-	1 COBBLEST	CON CT., APT. 1A #	21215  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, wh gove rise to immedia couse (a), stating to underlying couse to	DUE TO, OR AS A CONSEQUI	ENCE OF	MINAL DISEASE OR CONDITION GIVEN IN	N PART I I O
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY.	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		RE FINDINGS USED CAUSES OF DEATH? NO
OR CONTRIBUTION CAUSE	OF DEATH HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) C	OR PART 2)
(IF EITHER NOTIFY MEDICALE)  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211. LOCATION STREET	CITY OF TOWN C	OUNTY STATE
sow the deceased of	hospital) attended the deceased from ive on 19 did not! view the body after death.	, and that in (my) (our) opinion	, to	from the causes stated
Cason	F. Campbell	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12/12/84
1JASOW1	- CAMPSELL	Me. ADDRESS		
23a. BURIAL, CREMATION, REM		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COL	UNTY STATE

DHMH - 16 50M 4/B2 6010 REISTERSTOWN RD., (VRA 15, 4)

BURIAI. 12-15-

250 DATE REC'D BY REGISTRAR 256 REGISTRAR & SIGN FURE -84 BETH ISAAC ADATH ISRAEL 6 BROS., INC.

BALTORESS, MD 21215

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Leonard J Ruck Inc. Baltimore, Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4)

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La tima	Life and			
A Contract of the last	ARV E.	all through a company as	of tealth baseli	

completely filled in by the fune 1, and 2 should be filed within

injury, or other troumotic event, the medical

should be detached for use as the burial-transit permit. Then please remove carbangope with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal this certificate has been

IMPORTANT: If Item 21 is marked or Item 18 shows any

executed within 24 hours ofte

deoth certificate be

FOR

## STATE OF MARYLAND

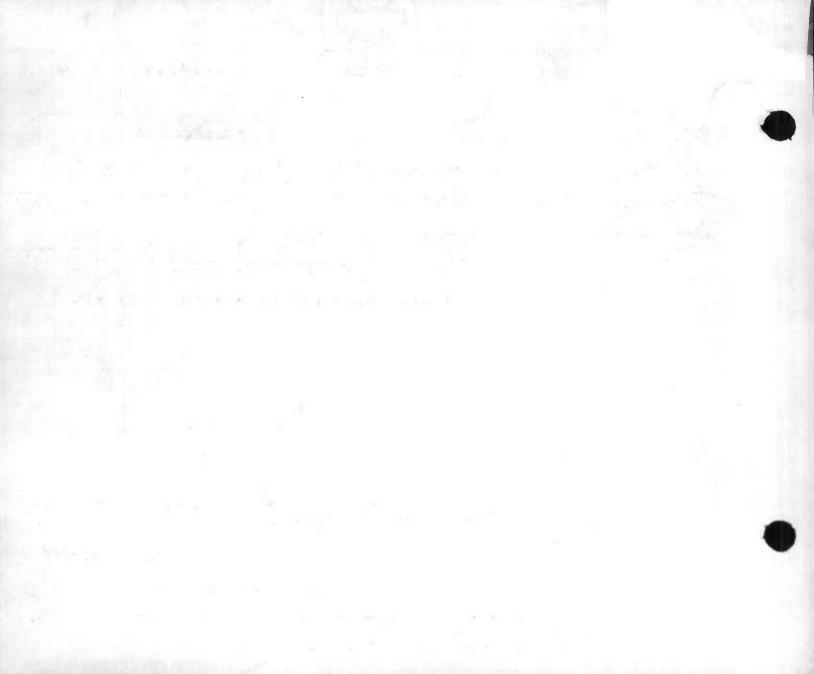
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 3

1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.				
	CEASED NAME (AKA) ST I	-	Margare		inser ISER	20 DATE OF DEATH	MONTH 184	DAY YEAR	26 HOUR 4:57 P.		
	MARGAR		М.						, W		
3 SE	FEMALE WHITE			S. DATE O	CH 20 1915	6. AGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	HOURS MIN.		
	BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)  MD.  U.S.A.			MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY					
В	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET  UNION MEMORIAI			ADDRESSI L HOSI	OR OTHER INSTITUTION	12th USUAL OCCUPATION [1YPE OF WORK FOR MOST OF WORKING LIFE]  SELF-EMPLOYED DRESSE					
			13c. CITY OR TOW BALTIM	/N	13d. INSIDE CITY LIMITS? YES NO [	3405 MAY	b ave.	2121			
	ATHER'S NAME FIRST  CLAUDE		LAST HUESMAN		15. MOTHER'S MAIDEN NA. FIRST MARY	134	KELLY				
CERTIFICATION	NAS DECEASED EVER IN U.S. A OS, NO OR UNKNOWN)   I IF YES, O				ADDRES 922 DUDLEY AVE. E M. DECKER (DGHTR) 21213  APPROXIMATE INTERVAL BETWEEN CHASE I AND DEATH						
	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110    200 AUTOPSY?   200 IF YES, WERE FINDINGS USED					
RTIFIC						YES NOW	ES 🗌				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	LE CAT HOME STREET, FACTORY, OFFICE FARM			211 LOCATION STREET	CITY OF IC	IWN	COUNTY	COUNTY STATE		
	22a.1 certify that (11) this haspital) attended the deceased from 12/3 , 19 8/4 , to 12/4/ , 19 8/4 , that (11) we last saw the deceased alive an 12/4/ , 19 8/4 , and that in (m) (our) opinion death occurred on the date and hour and from the causes stated above (13) two (14) (stid not) view the body after death.										
	226. SIGNATURE	lothis			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				DATE SIGNED 12/4/84		
	224 PHYSICIAN'S NAME (TYPE	orprint)		UNION MEMORIAL HOSPITAL							
	BURIAL, CREMATION, REMOVA ISPECIFY) BURIAL	12/7	/84 G	NAME OF C		23d LOCATION CITY OF TOWN BALT			MĎ <sup>™</sup> •		
24_ F	UNERAL DISCOPTIMUNE NAME 3331 Bre	EK FUNE hms La	RAL HOM ne, Bal	E, II	NC. 21213 DAT	e rec'd. By registrar C 7 1984	250. REGIS	TRAR'S SIGNAT	Handell		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR After



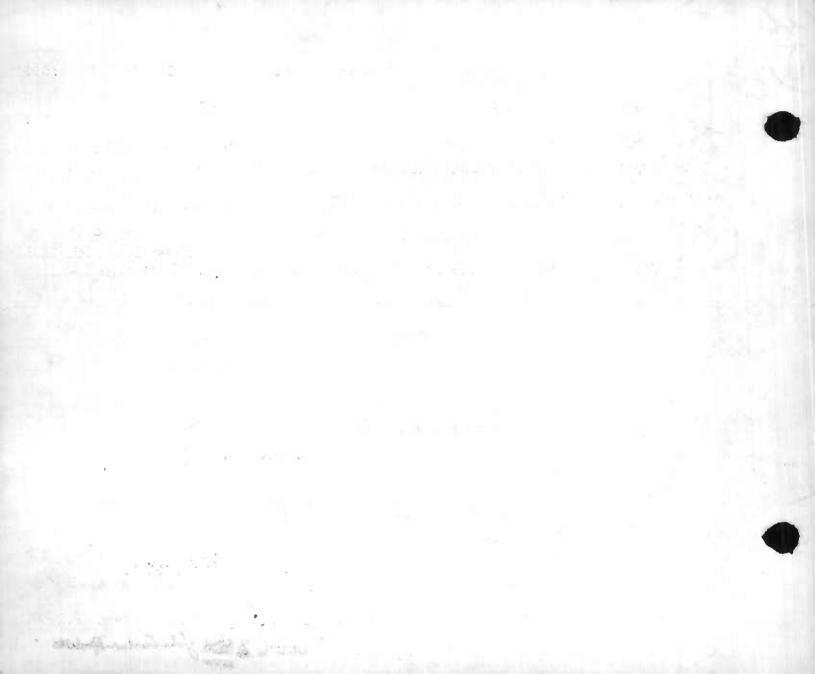
FOR
- STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	I. DEC	OR PRINT)	FIRST		WIDDLE		AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26. HOU	R	
	(	OK PRINT)	SAUL			ZUKERMAN MD.		11		27 84		4:	09ДМ		
	1.5EX	SEX 4. RACE			5. DATE OF BIRTH						IF UNDER 1 YEAR IF UNDER 24 HRS				
C.	- 1	Male White			Nov		1916	68	YRS	MONTHS	DAYS	HOURS	MIN.		
8		BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY?						9 BALTIMORE CITY							
	Was	Vashington, D.C. U.S.A.			WIDOWED   DIVORCED   BALTIMORE					СТФУ	TITU MD.				
ĕ	10. CT	TY OR TOWN OF D	EATH 1		HOSPITAL, NURSIN	IG HOME C	OR OTHER INS	the state of the s	120 USUAL OCCUPA	TION	12b.	KINDO	F BUSINE		
2	-					HNS HOPKINS HOSPITAL			Physician	P	Pvt. Practice				
5	Man Man	ryland	13b COUN		13c CITY OR TOW Chevy C	N	13d. INSIDE (	NO 🗌	13e STREET ADDRESS 3105 Cum			e (2	0815	)	
1	I FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME			LAS	ī		
Ü		Samuel		100	Zukerma	n	Lea	h				rne			
6		VAS DECEASED EVI		MED FORCES?	166 SOCIAL SECU	RITY NO.	RITY NO. 17. INFORMANT			Achevy Chase, Md. 20815					
h		Yes   WWII   577-12-66					Berth	a M. Zu	kerman; 31	05 Cu					
0.00		18 CAUSE OF DEA	ATH (Enter or	ly ane cause per	line far (a), (b), and	d (cs.)	cv.)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DE ATH		D BY: TE CAUSE (a)	CARE	10. Pu	mon	gry 1	FAILURA	=		2. DAYS			
				DUE TO, O	R AS A CONSEQUE	NCE OF									
		Canditians, if a		( (b)_	SEI	2/2					3 WKS.			-	
	ш	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								1	- 1 1100				
		underlying cause last (c) ORIGINITE RENTL CELL CARCINOMA										SWKS.			
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra-													
	CERTIFICATION														
7.	IICA	190 DATE OF OPERATION 190 CONDITION FOR WHICH					- IN					F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?			
_	E E	10-23-84 KENAL C			NAL CE	-11	ARCI	YES NO							
1	1000	TO SOUTH DAY OF THE PROPERTY O				Y YEAR  19					3 PART I OR	PARTIORPART2)			
	MEDICAL	21d INJURY OCCU		21e PLACE			211 LOCATI		CITY OR	TOWN		YINU		TATE	
	Z	WHILE NOT ALL	WHILE O	TAT HOME, STI	REET, FACTORY, OFFICE, F.	ARM, ETC.)	SIREE		CITTON	10411				TAIL	
		22a. I certify that	(1) (this haspi	ital) attended th	e deceased fram_	1/-	/	19 84		27	. 19_8	4	that (I) (	we) last	
		tow the deceased above an													
		226. SIGNATURE DEGREE 226. DATE SIGNED													
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									-	11-	27-	84	
		224 PHYSICIAN'S NAME (TYPE OR PRINT)					22e ADDRESS								
		R. Scot	7 57	MARG	mo		-JOH	WS HOP	KINS HOS	7/7741	-84	4000	K6	18	
	23a. B	URIAL, CREMATIO	N, REMOVAL				EMETERY OR		23d. LOCATION CITY OR TOWN		COUR	γĭγ	5	JAIL	
		rial		11/29/					etery; Car	-				Md.	
		4 FUNERAL DIRECTOR DANZANSKY -GOLDBERG MEMORIAL CHAPELS 250 DATE REC'D. RY REGISTRAL THE REC'S TRAN'S SIGNATURE													
	117	70 Rockvi	lle Pi	ke; Rocl	kville, M	d. 20	852	450	0			-6-			

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20. DATE OF DEATH . DECEASED NAME FIRST LTYPE OR PRINTS JOHN 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 1 SEX MONTH YEAR 05 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Timone DIVORCED WIDOWED 12ª USUAL OCCUPATION NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Chemical Supt. 13e STREET ADDRESS / ZIP CODE 30. STATE COUNTY 136. INSIDE CITY LIMITS? Balto 21226 6 Circle Dr. Md. A.A. NO A A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Toper Appolina Zulka John ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? as 13 05 216 Mrs. Johanna Zulka same No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY. andlac IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (o), stoting the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 VITAL RECORDS CERTIFICAT 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOFT NO T YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED STATE COUNTY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) AT WORK NOT WHILE 22a I certify that (I this hospital ottended the deceased from Doren 19 P4, and that in (my our apinian death occurred on the date and have and from the causes stated saw the deceased glive on above, (I (wé) (did did not) view the bady after death. 77k SIGNATUR DEGREE 22¢ DATE SIGNED MEDIC A PHYSICIAN DIRECTOR PHYSICIAN 771 PHYSTCIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23e. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWI (SPECIFY) Cedar Hill Cem Burial Brookl 24 FUNERAL DIRECTOR Balto. Nd. DHMH - 16 50M 4/83 Grane Daydon George J. Gonce 4001 Rito Le Hgwy. (VRA 15, 4)

